STATE PLAN ON SERVICES TO MICHIGAN'S OLDER ADULTS

FISCAL YEARS 2011-2013

STATE OF MICHIGAN
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JULY 2010

Fiscal Years (FY) 2011-2013 STATE PLAN ON SERVICES TO MICHIGAN'S OLDER ADULTS

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VERIFICATION OF INTENT

The State Plan for Services to Michigan's Older Adults is hereby submitted on behalf of the State of Michigan for the three-year period beginning October 1, 2010 through September 30, 2013. The plan includes all assurances, provisions, information requirements, goals, and intrastate funding formula requirements per AoA-PI-10-01.

The Michigan Office of Services to the Aging (OSA) is given the authority to develop and administer the State Plan in accordance with all requirements of the Older Americans Act (OAA), and is primarily responsible for the coordination of all State activities related to the purposes of the Act. These responsibilities include, but are not limited to, the development of comprehensive and coordinated systems for the delivery of long term care and related community-based services, and to serve as the effective and visible advocate for older adults in the State of Michigan.

This State Plan on Services to Michigan's Older Adults is developed in accordance with all federal statutory and regulatory requirements. It is hereby approved by designees of the Governor, and constitutes authorization to proceed with activities under the State Plan upon approval by the Assistant Secretary on Aging.

Signed:

Sharon L. Gire, Director
MI Office of Services to the Aging

6/18/10
Date

Jerutha Kennedy, Chair
MI Commission on Services to the Aging

6-18-10
Date

No one shall be excluded from participation in any service or activity because of race, age, sex, national origin or disability in compliance with Title VII of the Civil Rights Act of 1964

FY 2011-2013 STATE PLAN ON SERVICES TO MICHIGAN'S OLDER ADULTS EXECUTIVE SUMMARY

OVERVIEW

This Executive Summary presents an overview of Michigan's State Plan on Services to Michigan's Older Adults for fiscal years 2011–2013. Required by the federal Older Americans Act of 1965 (as amended in 2006), the plan offers a strategic direction for providing home and community-based services to older adults aged 60+. As well, it focuses on ways in which Michigan's ever-evolving, consumer-directed long term care system may be most responsive to older adults' needs, and those of their caregivers.

This State Plan is created and administered by the Michigan Office of Services to the Aging (OSA). OSA oversees Michigan's aging network – a partnership of the State of Michigan, 16 regional area agencies on aging (AAAs), and over 1,200 local community-based agencies offering older adult and family caregiver services. For over 35 years the aging network has helped to make Michigan communities a place where older adults may live life on their own terms with dignity, sense of purpose, independence, choice, and control over their lives.

MICHIGAN'S OLDER ADULTS

As we plan for the future, it's important to recognize that our society is aging at an unprecedented rate, and that people are living longer than ever before in history. In fact, the 85+ age group represents the fastest growing segment of Michigan's population. As well, the Baby Boom generation – those born between 1946 and 1964 – has already begun entering the ranks of elderhood. According to U.S. Census projections, Michigan's 60 and older population will swell from the current 1.8 million to 2.4 million in just 10 years, then again to 2.7 million by 2030. Put another way, 1 in 4 Michigan citizens will be 60 and older by 2030.

As importantly, the profile of today's generation of older Michigan residents paints an interesting picture:

- Nearly 14% of the 60+ population is minority – African American (10%), American Indian (.4%), Asian (1.3%), and Latino (1.6%) primarily.

- The majority is female at 57%, and women aged 65+ are more than twice as likely to live in poverty as their male counterparts.

- Some 42% of those aged 65+ have a disability, and a quarter of those have two or more disabilities.

- Two-thirds of those aged 65+ are high school graduates.

- Approximately 990,000 households provide 1,027 million hours of unpaid care annually to adults who are ill or disabled, with an economic value of over $9 billion annually.

- Less than two-thirds of people aged 65+ live in family households, another third live alone, and less than 4% live in institutional settings.

A BLUEPRINT

In order to meet the current and emerging challenges of an aging society, the national vision for the future of aging services contains key elements necessary for modernizing Michigan's long term care system.

- Enhancing individual control and choice through person-centered thinking and planning based on a person's needs, desires, and wishes regarding their care;

- Ensuring that older consumers and their caregivers have unbiased and reliable information upon which to make decisions;

- Providing streamlined, seamless access to services;

- Establishing partnerships with agencies – public, private, non-profit – that share a stake in successful long term care reform;

- Removing barriers in the system that hinder people from being served efficiently and in keeping with their care preferences;

- Bridging systems between those serving older adults and those serving people with disabilities;

- Consulting with those who have financial resources for their care, but are unaware of how to navigate getting the help they need; and

- Focusing on healthy lifestyles by expanding evidence-based programs for health promotion, disease prevention, and exercise.

The State of Michigan has taken a number of steps in recent years aimed at incorporating these elements into long term care reform strategies. Experiences with the Single Point of Entry demonstration project, Systems Transformation Grant, Community Living grant, Aging and Disability Resource initiative, Money Follows the Person grant, Evidence-Based Disease Prevention grants, Savvy Caregiver grants, and nursing facility transition activities have all served as critical building blocks for future long term care reform policy and practice.

STATE PLAN GOALS FOR FY 2011-2013

The Office of Services to the Aging embraces four broad goals for serving Michigan's older adults. These goals complement long term care reform efforts to date, while enhancing core programs offered through the Older Americans Act (AoA):

1) Work to improve the health and nutrition of older adults.
   Nutritious services, health promotion, older volunteers, mental health and dementia services

2) Ensure that older adults have a choice in where they live through increased access to information and services.
   Long term care supports and services, information and assistance, cultural competency and targeted outreach, housing, livable communities, caregiver support, senior community service employment, emergency preparedness, older adult mobility and transportation, culture change

3) Promote elder rights, quality of life, and economic security; protect older adults from abuse, neglect, and exploitation.
   State Long Term Care Ombudsman, elder abuse prevention, legal assistance, Legal Hotline for Michigan Seniors, elder economic security, guardianship, Michigan Medicare/Medicaid Assistance Program

4) Improve the effectiveness, efficiency, and quality of services provided through the Michigan aging network and its partners.
   Planning and evaluation, technology and data analysis, advocacy and legislation

These goals reflect federal priorities of the Administration on Aging (AoA), state priorities set forth by the Michigan Commission on Services to the Aging (CSA) and State Advisory Council (SAC), and they incorporate input from citizens and service providers gleaned during a series of public hearings in 2008, 2009, and 2010.

Please visit www.michigan.gov/miseniors for the complete version of the FY 2011-2013 State Plan for Michigan's Older Adults. There you will find descriptions of activities aimed at achieving State Plan goals and information on related federal requirements.

FY 2011-2013 STATE PLAN GOALS, OBJECTIVES, AND PERFORMANCE MEASUREMENTS

GOAL I.
WORK TO IMPROVE THE HEALTH AND NUTRITION OF OLDER ADULTS

OBJECTIVE I-A NUTRITION SERVICES

Adequate nutrition is critical to healthy functioning and life quality. Nutrition programs available through the OAA address these issues by improving the nutritional intake of older adults and decreasing social isolation.

Research suggests that strong social networks contribute to prolonged mental and physical health of older adults. The opportunity to socialize and share meals has been proven to improve the nutritional status of many older adults. Research also shows that a well-balanced diet and moderate physical activity can reduce the risk of developing chronic disease, as well as play a major role in managing chronic disease regardless of age, when changes were made.

Many older adults are susceptible to poor nutrition for a number of reasons. They often lack financial means to purchase a variety of healthy foods, including fresh fruits and vegetables; poor health, frailty or disability may limit the ability to prepare meals; and some may lack transportation or community services to go out of the home to shop. Both cognitive and physical limitations can contribute to the development and worsening of chronic conditions.

The OAA requires that all states create standards that follow the “Dietary Guidelines for Americans” and the Recommended Daily Intake (RDI) issued by the United States Department of Agriculture (USDA). Michigan revises its Nutrition Standards every five years to complement revisions of the aforementioned publications which are updated every five years. OSA will also continue its work with AAA to ensure compliance of all congregate and home-delivered meal providers with revised standards governing meal preparation and content.

Senior Project FRESH (SPF) is Michigan’s program under the USDA, Senior Farmers Market Nutrition Program. Benefiting older adults as well as farmers, this innovative program provides coupons for Michigan-grown fruits and vegetables to individuals who are at least 60 years old and who meet income guidelines of 185% of poverty. Older adults may redeem coupons at farmer’s markets and roadside stands from June 1 through October 31 in any given year.

SPF expanded from three counties in 2004 to 73 (of 84) counties in 2009. Expansion was due to the collaborative efforts of OSA and the Michigan State University Extension which raised local funds for the project. Over 23,000 older adults were served in 2009.

OBJECTIVE I-A: NUTRITION SERVICES LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Assure AAAs are monitoring food safety and nutritional standards.	Develop/monitor food handling standards.	Food safety standards.	No outbreaks of food-borne illness at meal sites.	0% food borne illness outbreaks reported by AAA on yearly compliance assessment.
	Develop/monitor nutritional standards.	Food nutritional standards.	All meals meet or exceed nutritional guidelines.	100% of meals meet the federal and state guidelines for nutrition programming as reflected in the yearly compliance assessment.
Assure that AAAs are working with their nutrition providers to provide food that meets consumers nutritional needs and preferences.	Determine characteristics of primary audience. Determine/monitor nutrition status. Determine diverse needs. Determine preferences.	Profile of congregate meal consumers.	Scores on older adult nutritional assessment improve. Older adults are aware of the linkage between good nutrition and health status.	At least once during a multi-year plan cycle, a consumer survey will be conducted by the AAA that addresses needs, preferences, and education at the meal site.
	Review meal plans. Develop culturally appropriate meal plans. Develop medically appropriate meal plans.	Culturally and medically appropriate meal plans based on consumer profiles.	Consumers are satisfied with meal plans. Consumers have needs met for medically appropriate meals. Consumers have preferences met for culturally appropriate meals.	At least 80% of the respondents to the consumer survey respond favorably and are satisfied with the meals.
	Implement new meal plans. Monitor meal site attendance.	Number of meals served. Number of unduplicated consumer.	Attendance at meal site increases from baseline. (Baseline to be determined in FY 2010). Number of meals served increases from baseline.	Attendance at meal sites and number of meals increases by 4%.

OBJECTIVE I-A: NUTRITION SERVICES LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Develop strategic plan for expansion of SPF.	Determine appropriate counties for expansion of SPF based on: Average income Older adult population Urban/rural distribution Racial/ethnic diversity Target counties with best characteristics for success.	List of counties served by SPF. List of targeted counties for expansion.	Increase in number of counties where SPF is available. Consumers are satisfied with program and plan to use in the future.	Increase the number of counties in which SPF operates by at least 3. Consumer survey indicates that at least 75% of participants plan on participating again.
OSA will conduct a yearly nutrition summit.	Bring all nutrition stakeholders to the table. Do strategic planning to develop/review/change a Three-year plan. Create workgroups to develop goals and objectives for the three-year plan.	Three-year plan to enhance and improve the nutrition programs.	Logic model, including strategies is developed for each of the workgroups. AAAs and nutrition providers adopt strategies that are relevant to their planning and service area (PSAs).	Logic models are developed no later than August 1, 2010. AAA program compliance assessments, and or/nutrition program assessments indicate new strategies have been adopted by the nutrition programs.

OBJECTIVE I-B. HEALTH PROMOTION

According to the 2008 Michigan Behavioral Risk Factor Survey, 32.4% of those 65 and older self-reported poor physical health for at least 14 days in the past month; 12.6% reported poor mental health; and 16.5% reported activity limitation during the same time period.[1] Some 23.5% of older adults also reported that they rarely or never receive the social and emotional support they need.[2] A high percentage of older adults in Michigan also have arthritis, high blood pressure, metabolic syndrome (pre-diabetes), cardiovascular disease, and they have fallen. With these problems, it is imperative to help older adults by providing programs to support chronic disease management and promote educating older adults on positive lifestyle changes that include better chronic disease management, good nutrition and physical fitness.

Researchers have found that exercise by older adults, even in their mid-nineties, can greatly increase overall muscle strength as well as bone density. Exercise can also improve an older adult's balance and ability to walk, resulting in maximum independence and a decreased incidence of falls. Falls greatly increase expensive hospital emergency room usage, premature disability, and risk for nursing home admission and death. OSA recognizes that physical activity programs for older adults are an essential partner to healthy aging. It also recognizes the need to significantly expand the number of activity programs offered. Health promotion and disease prevention programs designed to meet the needs of older Michiganians can lead to improved behaviors and can help older adults manage chronic disease more effectively.

OSA will continue emphasizing the importance of leading healthy lifestyles by embedding evidence-based disease prevention programs (EBDP) into the aging network. The availability of workshops and programs will be expanded to include more on-line opportunities, and OSA will work toward securing a broader and more sustainable funding base.

Attention will be given during this three-year period to educating the aging network and medical care provider network on the importance of the evidence-based disease prevention programs. Given the importance of vaccinations, particularly influenza and pneumonia, OSA will also coordinate with the Michigan Department of Community Health (MDCH) and aging network to make communities and individuals more aware of the need for vaccinations for older adults.

[1] Michigan Department of Community Health, 2008 MI BRFS Estimates, page 5
[2] Ibid; page 8

OBJECTIVE 1-B: HEALTH PROMOTION LOGIC MODEL				
Objective	**Activity**	**Process Output**	**Outcome Measure**	**Measurement**
Promote the use of EBDP programs throughout the aging and public health network.	Create toolkit of information about EBDP programs.	Toolkit is available on miseniors.net or available upon request to OSA.	Number of hits is monitored. Number of technical assistance (TA) requests is monitored.	Number of hits to links/site. Number of TA requests.
	Coordinate information dissemination to aging network and its partners, such as medical care providers.	A communications network, including email lists, mailing lists, and social marketing is created.	Communications system is created to disseminate EBDP information.	Number of communications that are sent through the network. Number of inquiries and participation as a result of the network.
	Technical assistance is provided to AAAs, agencies and others wishing to begin programs.	Technical assistance is arranged for by OSA and conducted through MIPATH partners.	EBDP workshops are available in all areas of the state.	At least 50% of all older Americans are within a 30 minute drive of an EBDP workshop.
	Work with Medicaid to get EBDP programs part of the waiver program.	Standards, policies, and procedures will be created to assure standardization.	Standards, policies and procedures are created and approved the CSA.	EBDP programs are waiver programs no later than Sept. 30th
	Ways to sustain EBDP programs are explored.	Work toward sustainability existing funding sources.	Education and training is provided to EBDP programs to ensure use of existing funding sources as well as new sources.	100% of Title IIID funding is used on EBDP programs. EBDP programs are waiver eligible. At least one other sustainable funding source is identified for each AAA.

OBJECTIVE I-C. OLDER VOLUNTEERS

Volunteerism is a proven "win-win," both for those older adults who choose to engage, and for those communities in which they volunteer their time, talent, and enthusiasm. This has been especially true for three volunteer programs available to and for Michigan's older adults – Foster Grandparent Program (FGP), Senior Companion Program (SCP) and the Retired and Senior Volunteer Program (RSVP). After years of experience with these programs, we know they promote active lifestyles and good health, and provide life satisfaction among Michigan's older adults, while providing invaluable human assets to local governments and community organizations.

Much has been written about the positive effects of civic engagement and altruism – the unselfish concern for the welfare of others. In The Healing Power of Doing Good: The Health and Spiritual Benefits of Helping Others, for example, Allan Luks tells us that "helping contributes to the maintenance of good health, and it can diminish the effect of diseases and disorders, serious and minor, psychological and physical." Unfortunately, lack of financial resources, transportation, and community knowledge needed to volunteer on a regular basis preclude many older adults from reaping these health and life satisfaction benefits. As well, many communities in need of the energy and experience of older adults lack the infrastructure and resources required to address the special needs of older volunteers.

Looking to the near future, many speculate on how and the extent to which Baby Boomers will actively participate in the life of their communities through volunteerism. What we know is that Baby Boomers will likely redefine retirement by working well beyond traditional retirement age. We know that the demands of caring for an aging parent or spouse increase in later life, as people live longer. We know that Baby Boomers are motivated to volunteer more by personal development goals, rather than by a sense of duty or obligation. And we know that the generational ethos of the Baby Boomers is personal gratification – a generation accustomed to have its individual needs, tastes, and desires catered to. All of these have implications for framing a future vision that will appeal to potential older volunteers.

During FY 2011-2013, OSA will focus on ways to attract and engage older adults, especially those born during the "baby boom era" in service activities that meet their personal goals/aspirations, while also addressing critical and emergent needs in the communities where they live. At the same time, OSA will work to improve the collection of data that accurately describes the scope and depth of contributions made by older volunteers in Michigan.

OBJECTIVE I-C: OLDER VOLUNTEERS LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Expand Aging Information System (AIS) volunteer system capacity to track, report, and monitor older volunteer service.	Provide training resources to define state-required Volunteer Information System (VIS) data elements. Provide training resources to define state emphasis areas for reporting of volunteer service activities. Provide regular oversight of data management system to ensure data integrity.	VIS data is available to allow accurate reporting of older volunteer numbers and state priority service activities.	OSA monitoring of data entered in VIS within annual grant application processes and regularly scheduled compliance-monitoring activities.	100% of older volunteer projects comply with reporting of state required data elements in VIS by 9/30/2011. VIS data is verified as accurate for state-reporting purposes by 9/30/3012.
Promote integration of older adults in the community through meaningful volunteer service.	Develop volunteer service activities that promote community integration and social connection. Develop volunteer opportunities that are meaningful to the older volunteer. Develop new strategies to attract older volunteers, age 55 – 65.	Older volunteers participating in OSA-administered programs report opportunities for social networking. Older volunteers participating in OSA-administered programs report opportunities meaningful community service.	Biennial volunteer survey conducted by 9/30/2012.	% Volunteers that feel they have a choice about volunteer settings in which they serve. % Volunteers that report they have made good friends through there volunteer activities. % Volunteers that report they meet people at volunteer sites. % Volunteers that feel valued in there volunteer service. % Volunteers that feel their skills are being put to good use.

OBJECTIVE I-C: OLDER VOLUNTEERS LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Provide communities with older volunteer resources that meet identified needs in local communities.	Provide resources that assist older volunteer projects in identifying key community needs. Assist local older volunteer projects in identifying volunteer activities that meet identified community needs. Assist local older adult volunteer projects in accurately reporting volunteer service activity in state-identified emphasis areas.	Number of opportunities provided in identified state emphasis areas throughout the state. Increased number of older volunteers providing service in identified priority needs within the community.	Biennial volunteer survey conducted by 9/30/2011. Specialized volunteer station survey conducted by 9/30/2011. VIS data.	% Volunteers that feel they are providing service that helps the community. % Community organizations that feel volunteers contribute positively to the work of the organization. % Community organizations that feel they could not accomplish their mission without volunteers. Number of volunteers reporting service in state-identified priority community needs. Number of service hours reported in state-identified priority community needs.

OBJECTIVE I-D. MENTAL HEALTH AND DEMENTIA SERVICES

It is estimated that more than 200,000 persons in Michigan have a dementia and more than 75% of them are cared for at home. With the first AoA grant in 2008 to provide tested caregiver dementia education, OSA and the aging network is responding to the caregivers' needs. Through that grant and the subsequent project in collaboration with the Veterans Administration (VA), OSA, ten AAA, three Veterans Administration Medical Centers and several community services agencies are providing a tested and effective caregiver program along with respite care to caregivers of persons with dementia. In addition to the direct services provided to caregivers, these projects are creating the foundation for dementia competency and caregiver support in Michigan.

Older adults are less likely to suffer the severe forms of mental illness, but more likely to experience the milder, more chronic conditions that interfere with activities and general life satisfaction. Often mild, but persistent, depression accompanies physical illness or functional impairments. OSA works on behalf of older adults with mental health concerns with the state mental health authority to ensure that the aging population's needs are addressed. OSA participates on planning and service councils to improve mental health awareness, reduce stigma, and support those with mental health concerns.

GOAL 1-D. OBJECTIVE: MENTAL HEALTH AND DEMENTIA SERVICES LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Build system capacity to fund mental health education, outreach and advocacy.	Participate on the MDCH Advisory Council on Mental Health. Participate on the MDCH Mental Health Recovery Council. Collaborate with groups representing mental health and dementia issues. Assist in planning conferences. Seek grants for dementia and mental health services.	Identify major mental health issues that impact older adults. Identify priority mental health areas to be addressed by partners. Identify activities to effect positive change in priority areas. Grant applications.	MDCH Advisory Council on Mental Health members are more aware of mental health issues impacting older adults. Plans are developed to address the issue. Increased funding for mental health and dementia services is achieved.	Provide OSA with mental health and aging expertise upon request. Attend annual conference of mental health and aging; OSA director speaks at MH & A conference. Grant funds acquired.
Implement evidence-based dementia caregiver support project (Creating Confident Caregivers (CCC).	Train staff from 5 AAAs and Alzheimer's chapters to be master trainers in CCC.	Contract with Carey Sherman, hold 2 day training.	Number of staff trained and number of trained staff who apply for master trainer.	Two or more master trainers in each participating AAA.
Measure the impact of the project on caregivers and adoption by aging network.	Assess the ability to establish Savvy Caregiver Program in a variety of settings by collecting data and participant measures from caregivers.	Number of caregivers and programs Code the trainer, site and county of programs.	The variety of sites, counties, and zip codes. Data base, participant log.	The number of zip codes, counties and sites are reported as required to AoA.
Disseminate project information.	Create proposals for conferences and plans for dissemination.	Submit proposals, session abstracts to national and state conferences.	Proposals submitted.	Meet the AoA requirements for submitting proposals for national dissemination.

GOAL 1-D. OBJECTIVE: MENTAL HEALTH AND DEMENTIA SERVICES LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Expand reach to caregivers through publicity.	Develop content for logo, brochures, flyers, web site content. Distribution of publicity materials. Content on OSA web site. Materials and content developed by AAAs.	Logo designed, brochure and flyer distributed, OSA web site has content.	Numbers of brochures, flyers distributed. Additional promotional items given by AAAs.	Identify the methods that participants learned about program and quantify them by category/type.
Project management of performance and fidelity for both evidence-based project and innovation project.	Review AAA budgets, implementation, performance and fidelity. Conference calls, regional meetings, phone and annual grantee mtg.	Fidelity maintenance, problems resolved, consistency among participants.	AAAs meeting targets. AAAs develop and adopt shared approaches and best practices to ensure fidelity. .	Observation checklists of trainers. Review fidelity essays. Limit master trainer certification to those with demonstrated fidelity.
Data collection and pre-analysis coding, for both projects.	Monitor project documentation from field. Code pre and post surveys, evaluations for entry.	Number of surveys, evaluations entered.	Data base of paired surveys (pre and post) for evaluation.	90% of participants submit surveys. 50% of participants submit post surveys.
Meet AoA reporting requirements for both evidence-based project and Innovations project.	Gather information from AAAs in monthly reports. Semi-annual reports from AAA.	Prepare and submit AoA reports.	Report prepared and submitted to AoA.	100% of the AAA reports submitted by deadline.
Implement Alzheimer's Disease Services and Support Program (ADSSP) innovations project, CCC-VA.	Create training plan and train staff from 7 AAAs and VA to be trainers.	Contract with Carey Sherman and hold 21/2 day training.	Number of staff registered.	At least one staff from each AAA attend the training.
Maintain contact with AoA project office, RTI, Alzheimer's resource and other required contacts for project.	Conference calls, annual meeting, e-mails and cluster calls.	Receipt of additional information, project guidance and effective cooperation.	Number of calls, meetings, etc.	Quarterly conference calls with EB CCC. Bi-monthly calls for VA. Progress calls with RTI as scheduled.

GOAL II.

ENSURE THAT OLDER ADULTS HAVE A CHOICE IN WHERE THEY LIVE THROUGH INCREASED ACCESS TO INFORMATION AND SERVICES

OBJECTIVE II-A. LONG TERM CARE SUPPORTS AND SERVICES

Why does Michigan care about reforming long term care services in the state? Simply put, the older population is growing at a rapid pace and people are living longer. With those aged 60 and older currently comprising 18% of Michigan population, it's projected that 1 in 4 Michigan residents will be an older adult by 2030. As importantly, those aged 85+ (142,460) represent the fastest growing section of Michigan's population – a number expected to exceed 287,000 by 2030. Fifty-four percent (54%) of older adults aged 75 and older have at least one disability; 108,238 or 9% report two or more disabilities, including limitations in providing self-care. And finally, potential long term care users expect to have choices and options that are high quality, person-centered, self-determined, unbiased, and comprehensive.

The long term care agenda adopted by Governor Granholm in Executive Order 2005-14 laid out a plan to reform the state's long term care system. This blue print, as outlined by recommendations generated by the Medicaid Long Term Care Task Force, framed the work accomplished by multiple stakeholders over a several year period. Partners included state government representatives, consumers, providers, advocates, and members of advisory commissions. As a key stakeholder, the OSA has had an important role in actualizing many of these reform efforts.

Central to Michigan's long term care reform has been the following:

- Person-Centered Thinking/Planning
- Money Follows the Person
- Single Points of Entry
- Array of services
- Prevention
- Consumer participation
- Quality management
- Workforce development, and
- Financing

To complement the above, several federally-funded grant initiatives have provided important building blocks for embedding reform principles into Michigan's long term care system:

- Community Living Program (CLP) grants awarded by the AoA in 2007 and 2008 supported efforts to build single entry point systems and flexible service options, regardless of income, within Michigan's aging network.
- The Tailored Caregiver Assessment and Referral – known as TCARE – was implemented in pilot communities to better assess and address the personal needs of caregivers helping long term care consumers.
- In 2009, OSA was awarded an Aging and Disability Resource Center (ADRC) grant to establish ADRCs that utilize a "no wrong door" approach to collaboration and partnership development in local communities.

The ADRC grant will be instrumental in achieving OSA's goal to establish ADRCs statewide over the next five years. Activities funded through this grant will support development of statewide access to a web-based Information & Assistance (I&A) system for the collection of standardized data and access to comprehensive information regarding long term care resources. Person-centered thinking/planning will remain a program focus, as training opportunities are extended to service providers and other partners in the long term care arena through establishment of a standardized, self-supporting training curriculum. Support for local ADRC partnerships will be offered in the form of training, consultation, and mediation so as to allow maximum return on the commitment of local partners to support enhanced service delivery, flexibility and control to long term care consumers.

It should be noted that a series of administrative changes affecting long term care reform at the state level were made in 2009 amid declining state revenues. Executive Order 2009-22 eliminated $12 million in Medicaid funds that had previously funded the Single Point of Entry (SPE) demonstration project and the Office of Long Term Care Supports and Services. In response to this funding cut, effective October 1, 2009 responsibilities for reform were re-assigned to the State Medicaid Office for the Money Follows the Person and State LTC Managed Care initiatives. At the same time, responsibilities for implementation of the Systems Transformation and State Profile Tool (SPT) grants were transferred to OSA.

Even with Michigan's economic difficulties, the state remains committed to making systemic changes necessary for economic efficiencies in its long term care system, while also empowering long term care consumers with more control and flexibility.

GOAL II-A. OBJECTIVE: LONG-TERM CARE SUPPORTS AND SERVICES LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Develop Michigan-specific indicators to enable ongoing assessment of the state's progress in balancing its long term care supports and services system.	Engage SPT Stakeholder Advisory Committee in identification of program areas where additional measurement, beyond that required by the National Balancing Indicator Contractor (NBIC), is desirable.	Listing of desired indicators to be measured on an ongoing basis.		Indicators identified by June. 2010.
	Develop self-assessment and other mechanisms to collect data to be measured.	Self-assessment tools and/or other data collection mechanisms.	Self-assessments are distributed for completion by program specialists.	100% of self-assessments are completed and returned for analysis.
	Establish schedule for initial and ongoing data collection.	Data collection schedule.		Initial data collection will take place in Oct. 2010.
	Work with MDCH/MSA to build reporting out capabilities into Medicaid dashboard reporting system.	Identification of specific indicators/measures to be included on Medicaid Dashboard.		Indicators included in the MSA dashboard by Dec. 2010.
Participate with NBIC in special project to develop indicators to determine volume, compensation and stability of direct service workforce.	Develop list of individuals to be approached for an initial interview.	List of potential interviewees.		List generated by Feb. 2010.
	Conduct interviews with key program staff to identify any and all direct service workforce data currently being collected related to the determine amount of scope of direct service worker data that is currently collected.	Calendar dates/times for conduct of initial interviews.		Interviews begin March 2010 and completed by June 2010.
	Work with the DSW National Resource Center to develop survey instrument for collection of unavailable data.	Survey instrument.		Instrument developed by June 2010.

GOAL II-A. OBJECTIVE: LONG-TERM CARE SUPPORTS AND SERVICES LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	Administer survey and analyze results.	Written analysis of results and recommendations for ongoing collection.		Survey administered by Sept. 2010. Analysis completed by Nov. 2010
	Work with stakeholders to generate support and build capacity for ongoing data collection.	Develop a strategy to implement an on-going DSW data collection process and data warehouse management.		Strategy developed by Nov. 2010. Presented to MDCH leadership for support by Dec. 2010. Implement strategy by March 2011.
Provide LTC awareness, I&A through ADRCs.	Develop local ADRC partnerships using "No Wrong Door" approach. Develop web-based LTC resource database & public service locator. Develop system to target options to individuals who are at imminent risk of institutionalization. Convene a Process Action Team (PAT) to research external advocate models, explore funding & established a framework for in conjunction with ADRC. Streamline eligibility processes Establish universal assessment and planning process that incorporates Person Centered Planning (PCP), is modular and meets multiple needs. Develop LTC toolkit to provide individuals with information regarding LTC options & choices.	ADRC service standards. Web-based resource database. Unbiased, high quality ADRC services are provided. Individuals live in the community with preferred services & supports. Participants are satisfied with service experience. High risk individuals are diverted from institutions. Hospital collaboration with ADRCs. ADRC marketing materials/press releases. Culturally competent person-centered ADRC	Service experience Survey outcome results. Diversion from institutionalization statistics. AoA & OSA required ADRC data collection & participant tracking application/participant demographics.	96% of participants are satisfied with ADRC service experience & would call again if needed. 100 high risk people diverted from nursing facilities (NFs) annually. 75% of the people successfully remain in their homes for at least 3 months after diversion. # of ADRC fully functioning partnerships. # of people served.

GOAL II-A. OBJECTIVE: LONG-TERM CARE SUPPORTS AND SERVICES LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	.	policies & materials ADRCs are fully established within 5 yrs. Online Medicaid application, Unified Benefits Application (UBA) 1171 expanded to other programs, similar to MICafé. Modular assessment available & used LTC Toolkit.	Care Manager/Supports Coordinator Surveys.	Reduction in the amount of time conducting assessments/Medicaid applications. Extent that LTC toolkits are used by community partners in distributing LTC information.
Increase consumer direction and control through development of PCP across the array of LTC supports and services.	Promulgate PCP practice guidelines across the array of LTC services. Develop state-level review PCP standards, criteria, training curriculum & performance indicators. Modify provider contracts to require PCP. Develop peer mentoring system.	PCP Guidance documents. PCP practice guidelines, training curriculum, review criteria & performance indicators tailored to all LTC services. Policies/contracts are amended requiring PCP. PCP improves participant LTC service experience & quality outcomes. Peer mentoring protocols. Sustainability plan.	Performance outcomes from LTC service monitoring. Consumer advisory board survey. Care manager/supports coordinator. Survey/focus group outcomes. Participant experience survey outcomes. Quality of life survey instruments.	# of LTC agencies adopting PCP standards, guidelines, training & performance indicators. 75% of MIChoice waiver agents have PCP implementation plan. 90% of waiver orgs support PCP. 96% of participants are satisfied with PCP experience & felt process was useful. 95% of participants report high quality of Life.
Increase consumer direction and control through development of	Develop state level guidance on individual budgeting for providers and for participants using SD options.	Individual budget model tools for Medicaid and private pay individuals.	Participant experience survey outcomes and other feedback methods.	96% satisfied with SD experience & intend to continue.

GOAL II-A. OBJECTIVE: LONG-TERM CARE SUPPORTS AND SERVICES LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
individual budgeting mechanisms.	Revise and update policy and practices. Electronic management of individual budgets. Develop and provide Individual budgeting training and technical assistance. Develop a continuous monitoring and reporting process to oversee the quality of individual budgeting.	Policy and practice revisions and updates. Electronic individual budget template. SD training curriculum. Individual budgeting monitoring protocols. Participants using self determination options report a higher satisfaction with service experience and quality of life. Participants feel knowledgeable about new policies and procedures. Sustainability plan.	Individual budgeting monitoring outcomes. Care management survey outcomes. Participant Status Outcomes Measures/ Quality of Life Survey Outcomes (POSM).	Monitoring review tools. 15% reduction in the amount of time to establish budget. 95% of participants report high quality of life.
Increase consumer direction and control through development of participant-employer options.	Develop state level guidance on the Choice Voucher System, Agency with Choice, and other models for direct employment of workers to facilitate successful participant direction. Provide training and information to participants and providers to support informed choices of employer options. Develop methods to evaluate new employer option providers to ensure choice and control.	Modified policies, protocols and standards. Training and Information materials for providers and participants using self-determination (SD) option.	SD utilization data. Participant Experience Survey Outcomes.	# and % of participants using self-directed services. 5% of total population at each waiver site is enrolled in SD option. 96% of participants are satisfied with SD training & support. 90% satisfaction with Fiscal Intermediaries (FIs) service experience.

GOAL II-A. OBJECTIVE: LONG-TERM CARE SUPPORTS AND SERVICES LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	Develop and disseminate state level policy guidance on FIs. Develop methods to evaluate financial intermediary providers.	Monitoring protocols for FIs and other models. Low % of reported incidents with FI consultation, payment issues and monthly reporting.	Participant experience with FI survey outcomes.	Monitoring protocols for FIs and other models are available by 9/30/2012. < 5% reported incidents with FI or payment issues.
Develop and implement a mechanism allowing flexible spending within the LTC budget consistent with consumer needs and preferences.	Develop analysis, planning and forecasting capacity that supports annual policy development, planning and budgeting for long term supports. Establish a unified state budget LTC appropriation line. Develop risk adjusted payment models for LTC programs. Develop approaches that support implementation of integrated care for dually eligible's (Medicare/ Medicaid).	Data Reports. Forecast Reports. Unified LTC budget appropriation line. Report on States using a unified budget for LTC. New payment formulas. NF & MIChoice waiver case mix methodology. Application for Integrated Managed Care. New options developed for financing LTC that are flexible and responsive to LTC participants.	Outcome and Analysis Results of Special Studies. Key predictors of successful community supports for NF level of care (LOC) consumers. New weighted rate methodologies. Change in funding ratios.	SPT Measures. "What if" scenarios used to project alternative trend lines for budget forecasts. Costs associated with NF transitions. Data elements that contribute to risk adjusted payment methodology. Case mix methodology.

OBJECTIVE II-B. INFORMATION AND ASSISTANCE

The recent and impending growth of the older adult population will increase the demand for useful and accurate information by both older adults and their caregivers/care partners. Today, older Americans face a complex array of choices and decisions about a variety of issues, such as health care, housing, financial planning, support services and long-term care arrangements. With so many overlapping federal and state programs that have differing eligibility requirements, older adults and their caregivers/care partners often need help in understanding the options available to them as well as how to access them.

During FY 2011-2013, OSA will work to ensure consistent, reliable information is available to older adults and their caregivers/care partners through I&A programs that are part of a comprehensive and coordinated access service delivery system. Experience gained from the Community Living Program (CLP) demonstration efforts has shown that effective I&A is critical for implementing a person-centered approach to service delivery and the ultimate success of the aging network in assisting consumers to delay or avoid, for as long as possible, moving into a nursing facility.

The ADRC development effort underway in Michigan will require additional attention be given to I&A services in order to successfully implement a no-wrong door program design, built upon the collaboration of willing stakeholders from the aging and disability communities. OSA will assist area agencies in program development activities to build both the capability and capacity of I&A service programs.

GOAL II-B. OBJECTIVE: INFORMATION AND ASSISTANCE SERVICES LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
I&A standards.	Review current I&A standards to ensure compliance with AIRS standards and support for CLP demonstration and ACRC development. Revise standards as needed.	New I&A standards.	Consumers are given appropriate information related to their needs. Number of agencies that have AIRS certified I&A. New I&A standard adopted, distributed, and in use by providers.	75% of I&A providers will have AIRS certified staff persons by 9/30/2012. 90% of I&A participants, and/or caregivers, identified in follow-up contacts will report having received information appropriate to their needs by 9/30/2012. 100% of AAA program assessments will verify new I&A standards are in use and providers are in compliance by 9/30/2013.
Consistent, reliable, I&A that meet OSA standards is provided statewide.	Monitor compliance to standards. Assist AAAs in developing capacity and capability of I&A programs.	Area Implementation Program (AIP) Program Development Objectives.	Consumers find information useful. Consumers are able to connect with needed resources.	90% of I&A participants, and/or caregivers, identified in follow-up contacts will indicate information received was useful by 9/30/2012. Trend analysis of National Aging Programs Information System (NAPIS) data, identifying actual provision of I&A services, will indicate an increase of 5% each fiscal year beginning 10/1/2012.
Best practices for I&A systems are developed and disseminated.	Identify and track I&A system components.		I&A system components can be evaluated.	Trend analysis of NAPIS data on I&A services will determine an increase of 10% occurred in the

GOAL II-B. OBJECTIVE: INFORMATION AND ASSISTANCE SERVICES LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	Track resources used to provide I&A. Track I&A training. Compute costs of system components.	Resources used. Time expended. Resources allocated. Costs generated.	Evaluation results are used for future planning and decision-making. System capacity is improved.	number of providers and/or units of service provided between 10/1/2011 and 9/30/2013. Analysis of AIP program development objectives related to I&A will identify 8 best practice efforts that can be disseminated statewide by 9/30/2013.
Development of resource databases.	Standards are AIRS compatible. Resources for all services (public and private) are included in the database; expanded from OAA related resources. Online database available to ADRC partnerships and I&A providers**.**	Resource listings. Online availability of database.	Consumers receive comprehensive I&A. Consumers receive information to connect with needed care resources. I&A providers use online database.	Analysis of resource data bases in use by I&A providers will indicate consistency, with respect to relative population within the service area, in the number of resources identified by 9/30/2013. Analysis of online database use by I&A providers, conducted at periodic intervals during ADRC partnership development phase, will indicate a 5% increase each fiscal year beginning 10/1/2012.

OBJECTIVE II-C. CULTURAL COMPETENCY AND TARGETED OUTREACH

OSA acknowledges and values the diverse community served by the aging network and, as a result, remains committed to pursuing a high level of cultural competence (CC) within its organization and across the statewide spectrum of aging services.

There are three important factors that drive work in this area. First, the demographic complexion of society is changing. The Baby Boomer generation has brought with it greater diversity than any previous generation. By 2030, for example, numbers of minority older adults nationally will increase 217% as compared to 81% for the older Caucasian population. Second, there is recognition of the significant role that "difference" plays in serving older adults in a person-centered way. This diversity encompasses a great many factors – ethnicity and race, national origin, gender, sexual orientation, spiritual practice, and physical and mental ability. Third, the OAA requires that those in greatest economic and social need are targeted for services, many of whom are minorities and others outside the mainstream.

Cultural competence activities proposed for this State Plan build on past accomplishments. In recent years, OSA addressed cultural competence in its own work environment in a host of ways. The organization's vision and mission, for example, were revised to reflect an emphasis on diversity. Likewise, cultural competence guiding principles are now part of OSAs institutional philosophy and management practice, with cultural competence factors documented in staff performance appraisals. Diversity education was provided to staff through seminars and cultural events. And finally, a cultural information series was developed for training purposes that offers insight into the lives of a variety of diverse populations – cultural nuances and traditions, family and community considerations, and unique needs in later life.

Based on cultural competence experiences within its own organization, OSA will provide leadership to those agencies in the aging network interested in pursuing their own diversity practices during the 2011-2013 fiscal years. The goal of these efforts is to create, foster, and sustain diversity and inclusion throughout the service delivery system, applying cultural knowledge to person-centered interactions with those served by state and federal resources.

In keeping with past commitments as well as the spirit of this State Plan objective, OSA will also continue its leadership in hosting the Aging Network and American Indian Elder Forum. The Forum, established in 2006, exists to identify barriers and strategies for improving communication and cooperation among traditional aging network service providers, AAA, American Indian Tribes, and off-reservation organizations serving American Indian Elders. It is also a vehicle for meeting the OAA requirement to improve coordination between Titles III and VI.

OBJECTIVE II-C: CULTURAL COMPETENCY AND TARGETED OUTREACH LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
<u>INTERNAL – OSA</u> Monitor/expand on established CC practices within OSA.	OSA staff will demonstrate understanding of CC guiding principles, in general and as they relate to their job duties.	CC factors are included/refined in employee performance appraisals of management and staff.	Annual performance reviews are completed.	Individual staff will receive not less than a satisfactory rating on CC factor(s) in their annual performance appraisal.
	New state office hires/leadership and newly-appointed CSA/SAC members will understand cultural competence as it relates to OSA and aging network.	Cultural competence initiative is a component of general orientation for new people at the state level.	Cultural competence managers participate as resource people in orientation of new state level people, as needed.	Presentation on overview of cultural competence is prepared, along with accompanying written materials for participants.
	Ensure OSA policies and procedures align with established OSA cultural competence guiding principles.	On an ongoing basis, management reviews proposed policies and procedures generated by OSA against cultural competence guiding principles.	All OSA-generated policies and procedures for internal and external application are approved by management.	OSA-generated policies reviewed for cultural competence relevance are distributed to OSA staff and the aging network, as they are made available.
	OSA will continue to conduct cultural learning events for its staff that support/enhance their understanding of working with people different from themselves.			
Monitor/expand on established cultural competence practices within OSA.	OSA will strive to make its website “diversity friendly”	A staff team convenes for purposes of planning and implementing all learning events; the team (called the “Honoring Difference” committee) is comprised of one person per division.	An annual event plan is compiled by the “Honoring Difference” committee and approved by OSA management.	1-2 events with diversity themes are held each year; staff has opportunities to express their opinions following each event, and to offer input on future events; event summaries are prepared as a record of accomplishments.

OBJECTIVE II-C: CULTURAL COMPETENCY AND TARGETED OUTREACH LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Provide leadership in serving Michigan's American Indian Elders, per requirements of the OAA. Ensure that the most current data is available to AAA for planning services for diverse populations.	OSA will be a resource to the MDCH on issues of aging and diversity. Host an Aging Network & American Indian Elder Forum for purposes of strengthening services to American Indian Elders and coordination between Titles III and VI of the OAA. Seek out/analyze 2010 Census data related to race/ethnicity as it becomes available; compare data to 2000 Census results. Obtain input from racial/ethnic cultural groups, disability and lesbian/gay/bisexual/transgender (LGBT) community Gather research, information, snapshots, demographics on diverse populations.	Website content is reviewed for culturally sensitive language; research/seek out new information for the website that promotes unique needs of diverse populations and that can serve as a resource. OSA Director will nominate a staff representative to serve on the department's diversity committee. A committee representing a cross section of interests convenes to identify training needs, plan meeting programs, and reach out to potential Forum attendees. Prepare relevant census information by PSA.	OSA website is a resource with which all older adults (and their caregivers) can identify, regardless of their race/ethnicity, physical or mental ability, or sexual orientation. OSA representative will inform/educate committee members on the special needs of diverse populations as they age; representative will advocate for department program on aging/diversity. Partnerships are established between AAA and American Indian tribes/organizations within relevant PSAs for collaboration purposes. Information is made available to each AAA.	Website content is constantly refreshed to include updated diversity information, in keeping with OSA cultural competence guiding principles. OSA representative will champion a department-wide aging and diversity program if/when held. 1-2 Forum meetings are held annually; aging network's progress in serving American Indian Elders is monitored. Host a briefing for state/AAA staff on census data available, and impact of this information on planning for and offering person-centered services to diverse population groups.

OBJECTIVE II-C: CULTURAL COMPETENCY AND TARGETED OUTREACH LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Provide cultural competence education and awareness to OSA staff. Roll out CC initiative to the aging network.	Meet with OSA staff to discuss how CC information and practices can be implemented in their work areas. Offer best practices, training modules, technical assistance to AAAs and other aging partners.	Conduct focus groups on elders who are African American, Latino, Arab American, Asian American, American Indian; also those who have disabilities and those who are elder members of LGBT community. Compile data into modules. Incorporate culturally competent materials into their area of work. Utilization of materials.	Obtain culturally competent information to be disseminated to OSA staff Develop training modules. Cultural competence will be reflected in all areas of program development and implementation. Cultural competence will be reflected in practices of the aging network.	Fact sheets are available on each focus group by 9/2011. Provide cultural competence education to OSA staff and then to the aging network by 9/2012. Management will assure that OSA staff incorporate CC practices by 9/2013. Aging network providers will be more culturally sensitive (by 9/2012 and ongoing).

OBJECTIVE II-D. HOUSING

Affordable and other supportive housing options are critical to the success of long term care reform efforts, given that the majority of persons aged 60 and older prefer to stay in their own homes and avoid nursing homes. Needs related to housing for older adults range from maintenance, home injury control and modifications for safety, home retention and foreclosure prevention, to the development of affordable housing that provides supportive services.

Many older adults choose to leave their homes, in large part, because of too much space and the related upkeep required. Others remain in their home and make modifications to suit their needs. Home modification and repair include adaptations to homes that can make it easier and safer to carry out activities such as bathing, cooking, and climbing stairs, as well as alterations to the physical structure of the home to improve its overall safety and condition. Home modification and repair can help prevent accidents, such as falls. Typical housing problems related to aging and disabilities include:

- Difficulty getting in and out of the shower
- Slipping in the tub or shower
- Difficulty turning faucet handles/doorknobs
- Lack of rails for outside stairs
- Lack of wheel chair access to homes
- Inadequate heating, air conditioning or ventilation

Those older adults who seek alternative housing need to have accurate information on accessing, locating and securing housing that suits their personal preferences and care needs. During FY 2011-2013, OSA will continue to help consumers find assistance with their housing needs through resources available at www.michigan.gov/miseniors or by calling OSA directly.

OBJECTIVE II-D: HOUSING LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Educate consumers, partners and private entities about housing for older adults and persons with disabilities.	Research housing trends and collect data. Interact with Michigan State Housing Development Authority (MSHDA), Michigan Department of Human Services (MDHS), the Medicaid & Home and Community Based Services (HCBS) Waiver office and provide input on best practices related to housing for older adults. Manage the housing data on the OSA website and disseminate information on: ➢ Foreclosure prevention ➢ Affordable home repair and modification ➢ Assisted living via website and public speaking engagements. ➢ Search tools and information for consumers to locate suitable housing. ➢ Housing and service coordination. ➢ Housing design for safety and access for adults with disabilities. ➢ Housing issues via email and phone.	The needs of older adults are represented on state-based housing related workgroups. Baseline data is collected related information given to older adults and caregivers on housing.	New housing developments that OAA collaborates on will incorporate successful aging in place and universal design concepts. Baseline data on number of inquiries on housing for older adults is available.	Best practices in housing for older adults will be identified in two or more MSHDA affordable senior housing projects by 9/30/11. Baseline data on number of inquiries on housing for older adults is gathered by 9/30/11.

OBJECTIVE II-E. LIVABLE COMMUNITIES

Traditional neighborhoods with affordable housing, close accessibility to groceries, shopping, pharmacies, health care, churches, social supports, job, volunteer, and recreational opportunities have been eroding over the last several decades. These conditions can lead to basic needs not being met by people of all ages, and this has been especially true for Michigan's older adults. At public hearings throughout the state, older people have told us that accessible transportation and supportive community services are often insufficient to meet their needs. The aging of our population – the Baby Boomer age wave – further compounds the loss of neighborhood amenities; there will be 500,000 additional Michiganians aged 65 and over by the year 2020.

In response to these major challenges, OSA, together with the CSA and in cooperation with Michigan State University Extension, spearheaded Community for a Lifetime (CFL). This program recognizes communities and local government entities that have completed a community assessment for livability and/or have implemented improvements recommended by a livable community assessment.

At the core of this program is a simple premise: should someone have to move out of their home because they can no longer drive? Regardless of age, the ability to conduct the "business of life" and participate in the social fabric of the community is often determined by community design and assets that allow residents to access shops, banks, health care, restaurants, and entertainment. Communities that have received recognition since 2007 include the City of Gaylord, Northwest Ottawa County, Kent County, the City of Alpena, Greater Battle Creek area, Washtenaw County, the cities of Farmington and Farmington Hills, Bay County, the City of Holland, and the City of Inkster.

OSA encourages local level activities that help make communities great places in which to grow up and grow old. During FY 2011-2013, OSA will continue to work with a wide range of stakeholders to provide information and technical assistance on livable communities, and advance best practices strategies. Remember that community enhancements made with older adults in mind truly benefit people of ALL ages.

OBJECTIVE II-E: LIVABLE COMMUNITIES LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Develop and promote best practices in livable communities, naturally occurring retirement communities, neighborhoods and villages.	Manage the CFL data on the OSA website and disseminate information on: ➢ Continued research and best practice information based on success from different community improvement processes at the local, regional and state level. ➢ Resources in community assessment and development. ➢ Tools to use in community assessment and planning improvements. ➢ Technical assistance requests by communities on best practices for CFL processes. ➢ Assist with related training events that feature CFL aging related issues.	Baseline data is collected related to information given out on livable communities assessment models and best practices.	Baseline data on number of inquiries on CFL models and best practices is available.	Baseline data on number of inquiries from communities on CFL models and best practices is available by 9/30/11.
	Gather data on number of communities submitting applications for recognition of CFL assessment or improvement.	Baseline data is collected on number of communities seeking recognition of CFL assessment or improvement.	Communities are recognized for their efforts in assessing their communities for elder-friendly attributes.	100% of all communities submitting applications for recognition of CFL assessment or improvement will be recognized.

OBJECTIVE II-F. CAREGIVER SUPPORT

It is estimated that more than 60% of today's adult population either is or expects to be a family caregiver. Caregivers such as spouses and adult children provide the overwhelming majority of homecare services in this country. Approximately one million of Michigan's citizens provide one billion hours of unpaid care annually to adults with mental illnesses and those with disabilities, with an approximate economic value of this unpaid care estimated at $9,046 billion per year. Michigan is the eighth largest state, numbering over 990,000, in terms of the estimated number of caregivers providing care for loved ones[3].

The 2000 amendments to the OAA provide for services for caregivers through the National Family Caregivers Support Program (NFCSP). In Michigan, this support is supplemented with state funding through the state respite fund and Merit Award Trust Fund. Services allow caregivers the opportunity to work, take a break, and get general relief from caregiving duties. Studies show that when caregivers receive these services, they are more satisfied with their caregiving duties, and the length of time they can be effective caregivers is increased.

OAA requires that OSA develop the NFCSP on a statewide basis. During FY 2011-2013, OSA is committed to maintaining a full continuum of caregiver services – information, assistance, caregiver education/ support, respite and supplemental services – and will allow AAA to provide services in all five of these categories. Federal funds will be combined with state respite and tobacco settlement funding to address the needs of caregivers as a separate target population and as early as possible in the caregiving process. OSA will also continue to support improved caregiver screening and assessment services through the Tailored Caregiver Assessment and Referral (TCARE®) Model that helps prioritize services to those caregivers at highest risk.

AAAs will allocate these funds within the established parameters of the NFCSP and will have incorporated a full range of caregiving services and activities during the multi-year and annual plan process. A portion of resources allocated by formula for the NFCSP will specifically support services for grandparents raising grandchildren and other older relative caregivers. Caregivers of loved ones with dementia will continue to be a priority for increased outreach and respite services.

[3] National Family Caregivers Association & Family Caregiver Alliance (2006). Prevalence, Hours and Economic Value of Family Caregiving, Updated State-by-State Analysis of 2004 National Estimates by Peter S. Arno, PhD. Kensington, MD: NFCA & San Francisco, CA: FCA.

OBJECTIVE II-F: CAREGIVER SUPPORT LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Promote best practices related to the provision of caregiver assessment supports and service linkages.	Facilitate the use of comprehensive assessment for caregivers experiencing high levels of stress, to identify their needs and preferences in using supports or services. ➢ Promote continued development and use of the TCARE® model within the aging and LTC network. ➢ Provide TA to organizations on how to integrate the TCARE® ➢ Model into their agency operation. ➢ Assist in the support of regional TCARE® Intensive Care Management trainings. Develop best practices information and disseminate information regarding caregiver issues on the OSA website: ➢ Education and training resources to family, informal caregivers, consumers and professional organizations. ➢ Maintain the	Information on TCARE® research results, Intensive Care Management and the Train-the-Trainer Program caregivers is disseminated. Existing TCARE® cohort I projects (FY 2009) keep using the model. New recruits are identified who are interested in taking TCARE® Intensive Care Management or the TCARE® Train-the-Trainer training. Michigan has increased capacity to train new staff and organizations in TCARE® implementation. Information on best practices and resources for caregivers is available on the website.	One package is developed that includes research results and descriptions of the model with upcoming training opportunities. Percentage of T-CARE pilot organizations that plan to continue T-CARE use. Number of new staff that are identified to take Intensive Care Management training. Number of persons in Michigan who complete a TCARE® Train-the Trainer Program and become certified TCARE® Master Trainers. Caregivers and service providers have access to best practices and other resource information.	An e-version and hard copy version of an informational and promotional portfolio for TCARE® training in Michigan is completed by 9/30/11. At least 67% of the FY 2009 Michigan T-Care pilot sites are still using TCARE® by 9/30/11. At least 10 new staff complete TCARE® Intensive Care Management Training by 9/30/11. There are at least 6 certified TCARE® . Master Trainers in Michigan available to lead the TCARE® Intensive Care Management Training. Number of new organizations that express an interest in receiving training and/or consultation on TCARE® by 9/30/11. Information on best practices and resources for caregivers is updated

OBJECTIVE II-F: CAREGIVER SUPPORT LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	"Caregivers Count" fact sheet. ➢ Michigan caregiver demographic and service statistics. ➢ Establish links to other websites that support caregivers. ➢ Respond to email inquiries for assistance from caregivers.	"Caregivers Count" fact sheet is updated annually. Additional resources for caregivers are made available by linking caregivers to related website links through the OSA website. Baseline data is collected related to information given to caregivers.	Information on Michigan caregivers is available. Caregivers and service providers have more access to additional resource information on caregiving. Baseline data on number of inquiries for caregiver assistance is available.	By 9/30/11. "Caregivers Count" fact sheet is updated by 9/30/11. Links to related websites for caregivers are reviewed and updated by 9/30/11. Baseline data on number of inquiries for caregiver assistance is available by 9/30/11.

OBJECTIVE II-G. SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

For the majority of older adults, economic security, like health, is of vital concern. Both are often linked to the overall well-being in the lives of older adults. Additionally, older adults also may have fewer options to maintain or improve their standard of living, particularly those who are on low or fixed incomes. According to the 2000 U.S. Census, over 100,000 older adults in Michigan live at or below the federal poverty level. Additionally, at least 339,905 older adults aged 65 and older live at or near 200% of poverty. This greatly impacts their ability to qualify for federal/state-funded programs. For older adults living on fixed incomes, employment opportunities and access to public healthcare (i.e. long term care) information and services are critical. Effective service delivery, informed decision-making related to retirement, healthcare, and employment, will often benefit older adults and the State of Michigan. Access to such services and information will allow for greater economic freedom for older adults.

Title V of the OAA supports older adults who wish to retain, learn or upgrade skills, supplement their income, and be active participants in the workforce for as long as they are able. Older adults aged 55 and older receive training and supportive services as necessary in preparation for securing unsubsidized employment. The purpose of the program is to foster individual economic self-sufficiency and increase the number of individuals who may enjoy the benefits of unsubsidized employment, in both the public and private sectors.

With Goal III of the OSA State Plan promoting financial independence and safeguarding the economic security of older adults, the SCSEP program will provide older adults with necessary assistance. Additionally, in order to remain as viable in the community as possible, research has shown that older adults who remain active and live in the community have a better chance of remaining in their home as long as possible. With OSA's mission being one of advocacy on behalf of older adults, OSA is very supportive of providing them with as many options as possible to remain engaged in the community.

During FY 2011-2013, OSA will work with SCSEP sub-grantees and other partners to build capacity throughout the state for older adults to find meaningful employment.

OBJECTIVE II-G: SENIOR COMMUNITY SERVICE EMPLOYMENT (SCSEP) LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Build capacity in the SCSEP to enable older adults to gain meaningful employment.	Provide resources to sub-grantees to support SCSEP activities. Assess SCSEP sub-grantees for compliance to federal and state regulations according to established procedures and time frames. Improve coordination of supportive services for participants enrolled in the program.	Sub-grantees will achieve an entered employment goal of placing at least 31.5% or more participants into unsubsidized employment, as specified in their annual grant agreement. Sub-grantees will have expended 100% of their allocation by the end of the program year. Sub-grantees will provide OSA with documentation of established Memorandums of understanding (MOU) with local community based organizations, including workforce partners within their established PSA. Sub-grantees will have shown marked improvement in their performance by at least 5% when compared to the previous program year.	Older adults who participate in the program will secure employment. Participants will be satisfied with their training assignment. Participants will be satisfied with their employment. Sub-grantee will have signed MOU with significant workforce partners and other community based organizations in their PSA Review of sub-grantee performance measures from previous program year.	At the close of each quarter, an extensive analysis will be completed in the SPARQ Employer Management Report which details participant hires by occupation and PSA By April 1, will conduct an analysis of participant Satisfaction Survey data as provided by the U.S. Department of Labor. The number of signed MOU with local community based organizations who provide supportive services to the Older Worker
Build system capacity of the SCSEP through the identification of employer needs and preferences.	State SCSEP Program Manager and sub-grantees will review new hires by region and identify employment trends based on employer related job codes.	Will rank employment hires by job class with high growth industries at the forefront. Listing of employer preferences based upon related job classes.	Demonstrated increase in employment for older adults in high growth industries.	By January 1 will conduct an analysis of sub-grantee reports related to employer demographics as found in the SPARQ Management Information System.

OBJECTIVE II-G: SENIOR COMMUNITY SERVICE EMPLOYMENT (SCSEP) LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	Provide feedback to sub-grantees regarding employer preferences.	Will provide report to sub-grantees of employer preferences within their PSA.		By April 1 of each year will provide a detailed report to sub-grantee of employers to target for participant employment opportunities.
Participate in the Council of Labor and Economic Growth (CLEG) committee meetings to increase awareness of the case for what the older worker can bring to the business community.	Attend quarterly CLEG meetings.	Meeting notes.	Number of meetings attended.	By June 3 of each year the CLEG will demonstrate increased awareness of the resources which the older worker will bring to the business community.
Participate in the Maximizing Efficiency and Effectiveness Subcommittee of the CLEG.	Attend Maximizing Efficiency Increasing Effectiveness subcommittee meetings to provide input on issues which impact the older worker.	Meeting notes.	Number of meetings attended.	By June 30 of each year the Maximizing Efficiency and Effectiveness subcommittee of the CLEG will demonstrate increase awareness of the resources which the older worker can bring to the business community.

OBJECTIVE II-H. EMERGENCY PREPAREDNESS

Older adults who are frail or have a disability can be extremely vulnerable during a natural disaster or national emergency. An event that interrupts in-home or community-based supportive services, such as home delivered meals or care management services, can place older adults living at home independently at risk of hospitalization, nursing home placement, or even death. Older adults who are institutionalized can also be at risk if needed care providers are unable to perform their duties during a disaster or emergency. This was evident during and after Hurricane Katrina when many older adults were left without assistance or care and, according to the Center for Disease Control (CDC), 493 seniors age 65 or older died as a direct result of the storm (Off, Gavin, "A Look at the Victims of Hurricane Katrina" 2008, http://www.scrippsnews.net).

It is clear that emergency preparedness planning at all levels: individual, local, state, and national, must consider the needs of at-risk older adults and adults with disabilities who may require additional planning to maintain without interruption or re-start critical supportive services.

For FY 2011-2013, OSA will work to ensure that frail at-risk adults in Michigan are included in emergency preparedness plans.

OBJECTIVE II-H: EMERGENCY PREPAREDNESS LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome**	**Measurement**
Develop a comprehensive state agency emergency management plan to support OSA in the event of an emergency. Coordinate state agency emergency management plan with AAA preparedness plans, the state homeland security agency, and state public health emergency preparedness and response plan.	Identify key components of a state emergency plan. ➢ Pandemic ➢ Business continuity ➢ All hazard communications with AAAs. Involve OSA experts and other stakeholders in the establishing processes to address key components. Obtain TA from emergency preparedness experts to develop plan.	Key plan components are identified. Processes are identified that address key components of the plan. Best practices information is included in state agency emergency preparedness plan.	Comprehensive state agency emergency preparedness plan is available to guide OSA operations in the event of man-made emergency or natural disaster.	95% of OSA staff can demonstrate knowledge of emergency procedures. Document collaboration with AAAs, the state homeland security agency, and state office of public health preparedness during the development of state agency's emergency management plan.
Provide assistance to AAAs in their development of emergency preparedness plans. Develop and incorporate elements of an "OSA's Roadmap to Emergency Preparedness" document into AAA emergency preparedness plans.	Work with AAAs, and other stakeholders to identify key components of an emergency preparedness plan. Provide TA to AAAs so they are prepared to maintain services in their PSA during emergencies. Develop minimum service standards for AAAs addressing emergency preparedness.	Key components of an emergency preparedness plan. Strategies are available to provide assurance that all AAAs have a continuity of service plan to assist older adults during emergencies. Minimum service standards approved by CSA.	AAAs have an understanding of the key components for developing emergency preparedness plans. AAAs have a continuity of service plan for emergencies. AAAs meet statewide minimum standards for emergency preparedness.	100% of AAAs can document that their emergency preparedness plans include key components identified by OSA in its minimum standards. 100% of AAAs have a continuity of business plan. Minimum service standards will be developed by Sept. 2011.

OBJECTIVE II-I. OLDER ADULT MOBILITY AND TRANSPORTATION

Transportation continues to be listed as the highest need for older adults and people living with disabilities. In Michigan not enough public transportation exists, especially in rural areas, to meet the need. And, the public transportation that does exist is organized by county or municipality and travel outside one's local area is extremely difficult as transportation services often ends at county lines and coordination between counties does not exist. This objective outlines an effort to address the compartmentalized nature in which transportation authorities design their services in an effort to find ways to make public transportation more accessible to older adults.

OBJECTIVE II I: OLDER ADULT MOBILITY AND TRANSPORTATION				
Objective	**Activity**	**Output**	**Outcome Measurement**	**Measurement**
OSA will develop strategies to support a seamless statewide transportation services that crosses all county lines.	Identify other states with statewide transportation services and learn how this was accomplished.	AAAs participation in the development of a statewide transportation system. Gap analysis is conducted with participating AAAs as to transportation system services do or do not exist in their PSA.	The needs of older adults are represented in efforts to create local public-human service transportation plans. Transportation resources, needs and barriers are identified in all PSAs.	25% of AAAs to participate in efforts to develop seamless transportation plans in the PSA, by 09/30/2011. 50% of AAAs participate by 2012. A transportation gap analysis is conducted for a minimum of two PSAs by 09/30/2010.

OBJECTIVE II-J. CULTURE CHANGE

OSA is committed to facilitating culture change across the array of aging services. The agency has a long history of being leaders in systems change in the form of the Eden Alternative, including Eden at Home, Green House efforts, promoting adoption of other culture change methods through the Medicaid Financed Facility Innovative Design Supplement (FIDS) and development and implementation of culture change-based person-centered thinking (PCT) and person-centered planning (PCP) training and integration of same into aging network services. In the spirit of the 21st century and with the growing use of social networking, its important that the aging network embrace this culture change in terms of information technology; diversity; and consumer driven services and supports.

In the next few years, institutions, organizations, and professional orientations in aging services will need to meet increasing demands of changes in the ways those they serve communicate, seek information, and interact with business, governmental and nongovernmental organizations. OSA will address culture change through the following activities: 1)assistive technology which is specifically addressed by the OAA of 1998; 2)introduction of culture change methods into assisted living including licensed adult foster care (AFC) and homes for the aged (HFA), in collaboration with the LTC Ombudsman; the LTC Advisory Commission; and other LTC stakeholders; 3) bringing the disability and aging networks together to forge a common disability/aging advocacy agenda; 4)embedding PCP/PCT into the fabric of the aging network through a certification process which has grown out of Michigan's CLP grant work.

Assistive Technology

In the next few years, institutions, organizations, and professional orientations in aging services will need to meet increasing demands of changes in the ways those they serve communicate, seek information, and interact with business, governmental and nongovernmental organizations. The ongoing expansion of broadband technology beyond the personal computer to every television set, radio, and telephone stands to create a whole new series of opportunities for information and referral services, home-based care and patient-physician interaction, and elder protection.

OAA specifically charges states to provide for a wide range of uses of assistive technologies in their support of their aging networks, and work in culture change is essential to this.

Adult Foster Care/Assisted Living Communities Culture Change

While culture change efforts are underway and common in nursing homes and home and community-based services are being introduced and embracing PCP/PCT, person-first culture efforts are not as prevalent in AFC homes, HFA and assisted living. There are 4,000 assisted living facilities in Michigan, housing over persons 18 and over. OSA's membership on the Adult Foster Care Licensing Council our experience with culture change in nursing facilities and in direct care workforce issues and success in

developing training curricula to educate aging network staff on PCP/PCT, enables us to begin encouraging culture change in assisted living communities.

Shared Disability/Aging Advocacy Agenda

While work on systems transformation and PCP/PCT planning has increased exposure between representatives of the aging and disability networks, there is still much to be learned from each other. It is clear that commonalities and differences exist and an in-depth understanding of these could strengthen relationships and result in increasing the size and strength of consumers and professionals dedicated to advocating for each group. As users of long term care supports and services both groups could advocate for each other separately and for shared concerns with a louder voice and strength in numbers. This project will begin the work necessary to increase understanding, find common issues, and to forge a shared aging/disability agenda.

Integration of PCP/PCT Certification into aging network policy and practice

Following the implementation of Michigan's NHD/CLP project, embedding PCP/PCT processes into all AAA staff practices is essential in order to continue the culture change begun under this grant. This objective enables development of continuing education, certification and monitoring of agencies receiving OAA and Older Michiganians Act (OMA) funding, and their subcontractors, in order to ensure that new staff are trained using Michigan's core competency training and that current staff receive refresher training. Annual certification will allow OSA to monitor compliance and will ensure that PCP/PCT continues into the future.

GOAL II-J. OBJECTIVE: CULTURE CHANGE LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Familiarity with and successful use of a wide range of assistive technologies amongst all members of the aging network.	Survey and assess a range of aging network members.	A professional and culturally comparative assessment of familiarity with and abilities to use a wide range of assistive technologies according to OAA guidelines.	A useful set of information for all aging network members to consider.	An actively used, web-based, interactive resource for inquiries and info on assistive technologies in place by September 30, 2011.
Culture change regarding the familiarity with and successful use of a wide range of assistive technologies amongst those served by the aging network.	Use results of survey and assessment work with aging network members to build a culturally transformative online resource and direct training program.	A beta version of a culturally sensitive, online resource as well as a continuously modifiable and flexible training program.	A process and program that will measure the expansion of knowledge and increase in use of a wide range of technologies in all areas specified by the OAA.	A set of changed organizational cultures that regularly and effortlessly consider, test and implements assistive technologies as specified by the OAA documented by September 30, 2013.
	Constructing and using culturally transformative and sensitive Continuous Quality Improvement (CQI)- methods to continuously improve the most efficient use of online resources and as well as online and direct assessment and training of aging network members regarding the use of such technologies among those they serve.	A sound system for efficiently and rapidly improving uses of assistive technologies by those being served throughout the aging network.	A process using CQI methods that will continuously provide data both on the increase and proficiency of assistive technology use in the aging network.	Sets of data that show a clear improvement in all areas of assistive technology familiarity, testing, integration and adoption not only by aging network members but by those they serve documented by September 30, 2013.

GOAL II-J. OBJECTIVE: CULTURE CHANGE LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome**	**Measurement**
Represent OSA on the Adult Foster Care Licensing Advisory Council to influence culture change in the operation of AFC homes.	Attend meetings and serve on workgroups.	Provide input and make recommendations to the Council about incorporating culture change and PCP/PCT principles into AFC homes.	Recommendations specific to culture change are supported by the Council.	Number of changes to policy, regulation or law adopted by the Council which promotes adoption of culture change methods in the operation of AFC homes.
Develop formal working relationships with assisted living associations.	Work with assisted living associations to forge common agenda and explore opportunities to introduce culture change methods/ideas to owners/operators of assisted living communities. Also, learn methods already being adopted.	Promote adoption of PCP/PCT, Eden At Home, person-centered care and other models to be adopted by assisted living communities.	Inclusion in assisted living association educational and conference planning efforts and inclusion of culture change workshops, presentations, development of curricula, etc.	The number/type of projects supported lead by OSA and completed each year 2011-2013. Presentations conducted by OSA staff at one semi-annual and one annual assisted living conference starting in 2011. .

GOAL II-J. OBJECTIVE: CULTURE CHANGE LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Develop a common disability/aging advocacy agenda.	Find commonalities and differences in experiences, issues, problems, barriers and opportunities in disability and aging communities in order to plan and implement a joint advocacy effort to improve long term cares supports and services for Michigan's adults age 18 and over.	Determine disability/aging network interest in working on project.	Existing relationships are tapped to determine group members amendable to discussing development of common agenda.	OSA will facilitate a strategic planning session in November 2010 including key stakeholders with the goal of developing a common advocacy platform.
		Meetings using structured dialogue held to discuss consensus.	Reach consensus on scope and process of project.	Consensus document drafted by July 2011.
		Hold meetings; plan a day of dialogue to gather input on the aging and disability agenda.	Meetings are held and the day of dialogue planning is completed.	Results of evaluations completed by people attending the day of dialogue.
		Establish a day of dialogue follow up workgroup	Meetings are held to draft the Michigan aging and disability agenda.	The Michigan aging and disability agenda is drafted by September 30, 2011. .

GOAL II-J. OBJECTIVE: CULTURE CHANGE LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Integration of PCP/PCT training and certification process.	Ensure that the Michigan Community Living Program (CLP) continues to train new AAA staff and service providers including the VA in the PCP/PCT including culture change components developed for leadership, care managers and information and assistance staff. PCP/PCT certification is developed and offered to the AAA staff and service providers who have successfully completed the training, and/or who complete a PCP/PCT refresher program. .	Workgroup is held and reviews and develops PCP/PCT supported policies and related contract language. Workgroup develops certification process, criteria and monitoring tool.	Policies and related contract language instituting new staff, training, ongoing refreshers and certification process are in place within OSA, AAA and service provider systems. Trainings are planned and implemented. OSA publishes PCP/PCT certification program. .	Completion date of 10/01/12 by which OSA requires AAA, service providers to include polices and procedures to implement the PCT/PCP training and certification process. Through monitoring by OSA, number of AAA and service provider staff attending refresher and/or new staff training and who meet certification criteria. At each AAA new staff will be trained within 3 months of hire and all 100% of existing staff will receive refresher training each year.

GOAL III.

PROMOTE ELDER RIGHTS, QUALITY OF LIFE, AND ECONOMIC SECURITY, AND PROTECT OLDER ADULTS FROM ABUSE, NEGLECT AND EXPLOITATION

Older adults and people with disabilities experience a variety of challenges achieving the quality of life, choice, security, and care they desire. A number of services and programs exist in Michigan to assist people in exercising their rights. Previous state plans have not specifically linked these services, despite common attributes and objectives. This section is designed to present the aging network segments focused on elder rights and justice into one area, in concert with other efforts to create cohesive, consumer-friendly tools.

Elder rights/justice programs and services are all based on a PCP/PCT philosophy of empowerment and consumer choice. These services provide the legal, economic, and advocacy underpinnings of the basic ability of individuals to live how and where they wish. The natural collaborations between the programs that address Goal III are reorganized and promoted at the federal and state levels.

Strengthening elder rights/justice-related services through collaboration and efficiency will prepare this segment of the aging network for the influx of baby boomers coming in the next several years.

Following are the descriptions and plans for how each program or issue area will address the rights, quality of life, economic, and protection issues noted in Goal III.

OBJECTIVE III-A. STATE LONG TERM CARE OMBUDSMAN

The State Long Term Care Ombudsman (SLTCO) Program is established in both the OAA and the OMA. The program was created to help address the quality of care and quality of life experienced by residents in licensed LTC facilities such as nursing homes, homes for the aged, and adult foster care facilities, and provides complaint resolution services, education and information, and services to protect the health, safety, welfare and rights of LTC facility residents. Ombudsmen work with residents, families, and appropriate state and federal agencies for complaint remedy. Family members are also helped with issues such as resident's rights, financial concerns, guardianship, and nursing home placements. The SLTCO Program operates a statewide toll-free telephone line, available to residents and concerned relatives or friends. The single toll-free number is geo-routed to the appropriate local Ombudsman office to expedite consumer access to their local Ombudsman program.

This elder rights/justice Program works in collaboration with other legal and advocacy-based agencies to strive for consumer choice, access, and quality in the long term care supports and services individuals receive. Other services -- such as elder abuse prevention, legal assistance, MMAP, Senior Medicare Patrol, and the Legal Hotline for Michigan Seniors (LHMS) -- are natural collaborators with ombudsmen in their efforts to uphold rights.

The SLTCO also reviews and comments on policy and legislative changes. By doing so, the State LTC Ombudsman voices the needs and wishes of LTC consumers to policymakers to work toward systemic changes helpful to our friends and family members living in LTC facilities. This systems advocacy is also done in coordination with other elder rights/justice services to maximize the voice of consumers in public policy arenas.

Ombudsmen are also required partners in the development of Aging and Disability Resource Centers (ADRC) partnership. At the state level, the SLTCO staff participates in planning and program development efforts led by OSA to assist local partnerships as they form. Locally, regional Ombudsmen are a part of emerging (and will be part of fully functional) ADRC partnerships efforts. Ombudsmen bring resources like facility-specific information, LTC facility-focused assistance to consumers and their caregivers, strong knowledge of LTC facility services, and regulations to the local ADRC partnerships. Ombudsman services are based on a foundation of PCP/PCT and individual choice and empowerment, which also adds to the value of including local and state Ombudsman staff in ADRC partnerships efforts.

Local entities wishing to be designated as a local LTC ombudsman must comply with minimum standards. These standards protect vulnerable older adult residents in LTC facilities by ensuring that organizations providing local ombudsman services are free from conflict of interest; have personnel with the skills and training needed to resolve problems on behalf of residents; and operate in compliance with program instructions

as required by federal and state authorizing legislation. Discussion of this requirement may be found in Operating Standards for Service Programs, Standard C-11.

For FY 2011-2013, the SLTCO will continue work to expand the capacity of the LTC Ombudsman program to provide direct assistance to residents residing in licensed LTC facilities, and advocate at the state level to ensure residents have access to high quality LTC services.

GOAL III-A. STATE LONG TERM CARE OMBUDSMAN (SLTCO) LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Local LTC ombudsmen demonstrate capacity to carry out duties delegated by the S LTCO.	Develop standardized certification & exam process for local LTC ombudsman. Develop mandatory training sessions for local LTC ombudsmen.	Standards for local LTC ombudsmen certification are available. Local LTC Ombudsmen attend mandatory training sessions.	State LTC Ombudsman reports and records.	100% local LTC ombudsmen are certified by SLTCO.
Residents and consumers are informed about the LTC Ombudsman role.	Distribute information sheets and brochures • OSA website • Nursing facility and HFA/AFC visits • Community educational programs	Electronic access to LTC ombudsman information is available. Nursing facility visits. Community educational programs.	LTC Ombudsman data system reports.	Establish baseline data for: • OSA website hits for LTC Ombudsman information. • Community educational presentations conducted. 100% of NH facilities are visited quarterly by local LTC ombudsmen.
Resolve complaints in nursing facilities and licensed residential care settings.	Respond to consumer calls Investigate complaints as requested by residents. Use problem solving methods to resolve issues.	Complaints of residents and consumers are responded to according to SLTCO policies.	Number of complaints documented in LTC ombudsman data system.	100% of complaints are responded to according to SLTCO policies.
Residents are educated about their rights to transition to home or other community-based care.	Local LTC ombudsmen meet with resident councils. Local LTC ombudsmen meet with individual residents during facility visits.	Residents live in the setting of their choice.	Number of transition referrals received by SLTCO.	Refer at least 100 consumers into nursing facility transfer programs.

GOAL III-A. STATE LONG TERM CARE OMBUDSMAN (SLTCO) LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Accurate and timely data about LTC ombudsman services is available to monitor progress.	Provide data system training as needed to local LTC ombudsmen. Establish LTC Ombudsman reporting protocols and timeframes.	Accurate and timely LTC ombudsman reports are available.	SLTCO has access to accurate and timely data about local LTC Ombudsman activities.	LTC ombudsman reports are compiled accurately and submitted quarterly of each fiscal year. SLTCO generates accurate National Ombudsman Reporting System and Ombudsman Reporting Tool reports.
Local LTC ombudsmen are active partners in ADRC partnerships.	Local LTC ombudsman attends local ADRC partnership meetings Local LTC ombudsmen educate partners about Ombudsman services	Local LTC ombudsmen attend ADRC partnership meetings. Brochures and other materials are distributed to local ADRC partners.	Collaboration and coordination exists between local ADRC partnerships and the LTC Ombudsman Program.	100% of local LTC ombudsmen participate in local ADRC partnerships. Establish baseline data as to the number of referrals made by ADRC partners to LTC Ombudsman Program by 9/30/2011.
LTC ombudsman services are expanded to consumers in in-home and non-licensed settings	Form workgroup to develop service definition, standards and pilot program proposal. Identify and obtain funding for pilot program.	Definition and service standards. Pilot program to demonstrate expanded LTC Ombudsman Program services.	Pilot site locations are determined	Draft definition standards are available by December 1, 2010. Pilot program proposal is developed by December 1, 2010. Definition and standards accepted by CSA by February 1, 2011. Funding is secured by March 1, 2011 Pilot areas selected and two pilots are initiated by April 1, 2011

OBJECTIVE III-B. ELDER ABUSE PREVENTION

As the number of older adults continues to increase with the baby boomer cohort, OSA recognizes the pressing need to build and strengthen capability to prevent, identify and address elder abuse in all of its forms so that older adults may be safe and supported in the living setting of their choice.

Michigan distributes elder abuse funds to AAA that, in turn, contract with local entities to provide elder abuse awareness, outreach, and referral services. OSA staff work closely with area agencies, review area plans for unmet needs, and attend meetings and forums pertaining to elder rights/justice. Additionally, OSA supports elder abuse prevention programs through the Senior Exploitation and Abuse Quick Resource Team (SEAQRT); elder abuse prevention and intervention trainings; and serves as technical support for new and existing local elder abuse prevention teams. OSA maintains an elder abuse section on its website. Older adults, caregivers and professionals use this vehicle to submit inquires, comments and concerns, and easily obtain fact sheets and other elder abuse prevention resource materials.

During FY 2011-2013 OSA will work to expand and promote the training and collaborative community response components of the Office on Violence Against Women Abuse in Later Life grant secured by OSA and grant partners (Elder Law of Michigan and Michigan State Police). OSA is hoping its application for a similar effort for Calhoun County will be awarded in October 2010. Further, OSA will continue to promote the Adult Abuse and Neglect Prevention Training Program, partnering with Michigan State University and others on its sustainability through collaborative research and application of grants to promote increased training of LTC direct access staff in the prevention of abuse. OSA will continue to coordinate elder abuse prevention activities with other programs responsible for elder abuse at the state level through ongoing referral, education of direct care workers about elder abuse, and collaborative efforts on issues of mutual concern as they arise.

Collaborative partnerships between social service agencies, law enforcement, service providers, ADRC partners, LTC providers, and legal services is critical to advancing abuse prevention efforts. Through SEAQRT and other elder abuse prevention activities, OSA has cemented partnerships with the DHS and MDCH, Michigan State Police, Office of Financial and Insurance Regulation, Prosecuting Attorney's Association of Michigan, Michigan Sheriff's Association, and Michigan Domestic Violence Prevention and Treatment Board. OSA will continue to engage elder abuse prevention partners in strengthening Michigan's abuse prevention efforts and improving life quality for older adults.

OBJECTIVE III-B: ELDER ABUSE PREVENTION LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
OSA will provide leadership and coordination for aging network elder abuse prevention efforts.	Review the AoA funded elder abuse services currently being provided by aging network. ➢ Review AIP's ➢ Review AAA contracts with elder abuse education grantees Develop a FY 2012 survey for AAAs and elder abuse prevention programs: ➢ Current projects ➢ Gap analysis ➢ Vision for elder rights	Elder abuse activity report. AAA and provider survey.	OSA and aging network stakeholders develop a shared understanding of grantee activities and services. OSA identifies potential strategies for strengthening elder abuse/rights services.	Report is completed and distributed to all AAAs and elder abuse education grantees by September 30, 2011. Analysis of survey data completed by September 30, 2012.
OSA will develop comprehensive protocols for elder abuse prevention activities, programs and reporting.	Develop comprehensive elder abuse program service standards ➢ Convene workgroup ➢ Convene approval process to ensure implementation by September 30, 2011. ➢ Quality review survey Update abuse reporting protocol ➢ Develop case work coordination plan ➢ Develop cultural competency protocol for EA grantees. Develop ADRC partnerships and LTC coordination protocol	Service standards. Quality review survey. Abuse reporting protocol. Case work coordination plan. Cultural competency protocol. ADRC partnerships coordination protocol.	OSA and aging network develop shared understanding of AAA elder abuse expectations and goals.	Service standards approved by September 30, 2011. Quality review completed by September 30, 2012. All protocols implemented by September 30, 2013.

OBJECTIVE III-B: ELDER ABUSE PREVENTION LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
OSA will build partnerships with aging network, criminal justice organizations and service providers to expand elder abuse prevention trainings and activities.	Co-lead the OVW grant project in SE Michigan and Calhoun County (if awarded) ➢ Serve on steering committee ➢ Lead effort to update law enforcement curriculum ➢ Co-lead systemic change and collaborative community response components of the project Facilitate SEAQRT meetings.	Elder abuse prevention training curriculum and materials. Law enforcement curriculum recommendations and strategic plan SEAQRT member directory and project report.	OSA will be a visible leader of state elder abuse prevention activities.	Wayne and Oakland Counties will have an established community response team by September 30, 2012. Recommendations for inclusion of elder abuse in law enforcement curriculum submitted to the Michigan Commission on Law Enforcement Standards by September 30, 2012. SEAQRT will have 25 active members and a co-chair by December 31, 2011.
OSA will continue to promote the Adult Abuse and Neglect Prevention Training Program and partner with PHI and MSU on its sustainability.	Continue to collaborate with PHI and MSU on researching and applying for grants to promote increased training of LTC direct access staff in the prevention of abuse in Michigan and nationally. Meetings are held, and workgroups formed as needed. Maintain the AANP FIMS (facilitator modules) on the OSA website.	Application(s) are prepared for grants. Meetings are held to plan train-the-trainer refresher trainings and to develop a plan for trainings for direct access staff. The FIMS are maintained.	Grant application(s) are submitted. Action items are implemented—trainings are scheduled and held. The FIMS modules are downloaded by the public.	Grant application(s) are accepted by 2013. The number of train-the-trainers and the number of direct access staff trained by 2013. The number of viewings of the FIMS on the OSA website is reported for 2011-2013; baseline includes updated 2010 figures to be determined.

OBJECTIVE III-C. LEGAL ASSISTANCE

Legal services is a priority service under the OAA and as such, each AAA is required to expend 6.5% of their Title IIIB allocation on the provision of legal services. Expenditures are monitored annually through the area plan budget review process. OSA's legal assistance developer provides state leadership in developing legal assistance programs, and works with public and private legal providers, elder rights partners, area agencies, and other aging network partners to ensure the delivery of legal services that help older adults secure and maintain benefits and rights.

Legal services play a vital role in the aging network and in the elder rights advocacy arena. Without the ability to access legal assistance, many older adults would be unable to protect their civil rights, benefits and access to services that allow them to remain in the setting of their choice free from abuse and exploitation. Michigan's most socially and economically vulnerable older adults, including those with severe disabilities and those with limited English proficiency, face additional difficulties. OSA continues to develop outreach and targeting efforts to ensure access to legal assistance for our most economically and socially frail older adults.

During FY 2011-2013, OSA will continue to work with Title III-B legal programs, legal aid, private bar, ADRC partners, SLTCO program and all elder rights advocacy efforts to improve and expand legal services throughout the state. Specifically OSA will continue its commitment to the collection of accurate data and enhancement of one of the first completely electronic legal services data systems (LSI). Data from this system – the Legal Services Information System – will be analyzed and shared with local, state, and national partners to develop strategies to strengthen and streamline our legal services network. Legal services will engage with ADRC partners and cultural competency efforts to expand access to vulnerable populations that may not currently be using legal supports to the greatest extent possible.

OBJECTIVE III-C: LEGAL ASSISTANCE LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
The web-based legal services data collection application, the LSI provides useful data that is utilized in monitoring and planning legal and elder rights services.	Develop semi-annual and annual report format. Enhance reporting features and develop query functions. Expand the web-based LSI, to include collection of measurable outcomes, unmet need and program objectives along with the current legal data captured. Monitor software utilization quarterly. Provide TA to users including AAAs. Provide annual training on LSI functionality and reporting. Gather feedback from users and aging network.	Workgroup and meeting notes. Reports. User surveys. System specifications. Training materials.	Data is useful to OSA staff in analyzing OAA funded legal services. Data is utilized by AAAs in their multi-year plan (MYP)/AIP service delivery plans. Data is used by OSA to monitor and plan legal services.	LSI reports are disseminated to legal providers, AAAs, ADRC's partners and AoA annually. LSI data is referenced in OSA and AAA planning and service delivery reports. 100% off AAAs participate in at least one LSI TA or training activities annually.
Increase access to legal services for Michigan's most vulnerable older adults through implementation of the Model Approaches Legal Services Delivery Plan.	Develop legal services task force/work group to orchestrate implementation of the Model Approaches Legal Services Delivery Plan. Establish a workgroup charged with developing a survey for baseline referral data. Develop protocols and best practices for	Workgroup notes. Best practice protocols. Case coordination protocol. Impact work strategic plan. Survey data.	Aging and legal networks develop a shared vision and strategy for increasing access to legal services for Michigan's vulnerable older adults. Shared understanding of legal service program expectations.	Establish baseline client data by December 2011 utilizing LSI data. Conduct comparative analysis annually thereafter. Establish baseline of referral data by December 31, 2011.

OBJECTIVE III-C: LEGAL ASSISTANCE LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	coordination among legal services programs, ADRC's partnerships and the aging network. Establish ongoing communication with the AAA and LTC networks. Enhance partnerships with MPLP and the state bar to explore options for systemic advocacy and impact work. Develop cultural competency protocol for legal services programs. Survey providers and aging network to quantify improved coordination and access.			
Conduct annual review of legal services program funding and legal grantee contracts.	Develop contract review process to identify best practices for legal contracts. Analyze funding levels and adherence to 6.5% Maintenance of Effort (MOE) requirement. Develop TA materials for programs including transition plan templates.	Model contract. Model transition plan.	Shared understanding of best practices for legal grantee contracts Providers and AAAs contacting OSA for technical assistance when needed.	100% of AAAs participate in contract review. Model contracts and transition plans are disseminated to 100% of AAAs by September 31, 2012.

OBJECTIVE III-D Legal Hotline for Michigan Seniors

The Legal Hotline for Michigan Seniors (LHMS), operated by Elder Law of Michigan, is a critical component of Michigan's elder rights advocacy network. 2010 marks the 20th year the LHMS has provided comprehensive legal advice and referral by experienced elder law attorneys to adults age 60 and older throughout the state.

In 2007 OSA secured an AoA Model Approaches to Statewide Legal Assistance Programs grant to further elder rights and legal services coordination throughout the state and build capacity of legal services through streamlined utilization of the legal hotline and Title III-B legal service programs and the private bar. The funding for this initiative ends in 2010, leaving the difficult task of finding alternative revenue during the state's deepest recession. Significant energy will be expended during this state plan cycle to secure the additional support and resources needed to maintain this critical service for Michigan's older adults.

The LHMS is a partner in Michigan's ADRC partnership development and OSA's elder rights advocacy plan. During this planning period OSA will work with the LHMS to build capacity to serve the most socially and economically frail older adults, including those with severe disabilities or limited English proficiency. Additionally OSA will work with the LHMS and all elder rights/justice partners to continue the work of the Elder Rights Summit held in 2008 as part of the Model Approaches grant, an effort to more completely incorporate elder rights advocacy into the aging network and LTC systems.

OBJECTIVE III-D: LEGAL HOTLINE FOR MICHIGAN SENIORS				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
OSA will initiate aging network efforts to find funding and resources to maintain and expand the LHMS.	Develop a workgroup with legal and elder rights advocacy partners and the LHMS to identify and apply for grant and other funding opportunities. Participate in LHMS strategic planning sessions. Include LHMS data in legal services reports and program planning. Co-lead efforts to demonstrate the viability of the LHMS as a means of increasing access to legal services for the most socially and economically frail older adults.	Workgroup notes. Strategic plan. Funding proposals.	The elder rights network, aging services network, and community partners develop an increased appreciation of the LHMS and its value to Michigan's older adults.	Survey data reflects increased understanding of the LHMS services and benefits as compared with legal needs study. All state bar data completed by December 2011. OSA assists with development of 5 funding proposals by December 31st, 2012.

OBJECTIVE III-E - ELDER ECONOMIC SECURITY

As the number of older adults continues to increase with the baby boomer cohort, OSA recognizes the pressing need to build and strengthen older adults' ability to be economically secure in retirement.

The weak economy and loss or reductions of traditional forms of retirement income, such as pensions and investments, make it increasingly difficult for older adults to meet basic needs and live with dignity and economic security in retirement. This is particularly true for people age 65 and older who are no longer working. For many on a fixed income, the actual cost of living is rising faster than incomes or investments. A growing number of families or households with adults age 65 and older in Michigan have more expenses than they have income or savings to cover.

For households of all ages, affordable housing and good health are critical to economic security. When affordable housing is unavailable or the need for LTC services is high, elders of modest means predictably fail to make ends meet. Once savings and familial support are exhausted, hardship, deprivation, poor health and homelessness threaten low-income elders.

During FY 2011-13, OSA will work to ensure opportunities for personal and public planning and community development are guided by accurate and relevant information. Providing support for programs that secure and protect income for retirement and LTC will be a key focus. OSA will work to expand and promote the training and understanding among state and local experts about the importance of economic security in retirement and provide new training and tools that can be used by policy makers and older adults to plan for retirement and LTC. Working collaboratively and partnering with the Michigan Elder Economic Security Standard Initiative coalition, OSA will expand the scope of the policy dialogue by creating white papers around economic security issues and "Aging as an Industry" to position Michigan as a national leader on economic security and economic development issues for older adults and communities aspiring to support the gift of longevity.

OBJECTIVE III-E: ELDER ECONOMIC SECURITY LOGIC MODEL (AGING NETWORK ECONOMIC DEVELOPMENT INITIATIVE)				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Elder Economic Strategy: OSA will provide leadership and information exchange for aging network to understand the costs to retire in Michigan and for LTC in Michigan.	Review the Michigan Elder Economic Security Standard Index (MEESSI) 2009 and subsequent data provided by Elder Law of Michigan and MEESSI partners. Encourage use of MEESSI data in area plans developed by AAA and the planning process for the disability community for FY 2011 and beyond. Promote multi-disciplinary understanding of the factors that impact economic security for older adults: housing, healthcare, transportation, food, basic needs, and long term care.	Disseminate MEESSI materials to aging and disability stakeholders and post on OSA website for public information. Provide guidance to AAA on use of MEESSI data. Provide training to all OSA staff and state level aging policy experts on the MEESSI data.	OSA and Aging and disability network stakeholders develop a shared understanding of the costs to retire and for LTC in Michigan. MEESSI data is referenced in regional and statewide planning efforts. Training completed and materials presented to OSA staff and state level aging policy staff.	An online survey sent to data recipients to measure change in their understanding of costs to retire and LTC in Michigan by September 30, 2011. MEESSI data is used in planning in the aging and disability communities by January 31, 2011. Post-training brain-storming session to identify ways in which state staff from all disciplines can use the MEESSI data to provide evidence or support for their work. Training and brainstorming to be completed by September 30, 2011.
OSA will advocate for programs and services that provide assistance to move older adults toward economic security in retirement.	Work within the OAA reauthorization frame to advocate for programs that assist older adults in reaching economic security in retirement.	Comments in the OAA reauthorization process supportive of programs including, but not limited to benefit and outreach enrollment centers, subsidized housing, employment and training programs, and pension counseling programs.	Include in comments on OAA an analysis of the state's older population to report how many older adults do not have economic security in retirement.	Comments submitted by March 31, 2011.

OBJECTIVE III-E: ELDER ECONOMIC SECURITY LOGIC MODEL (AGING NETWORK ECONOMIC DEVELOPMENT INITIATIVE)				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	Encourage public and private funders to provide financial support to programs that assist older adults in attaining economic security in retirement and to support older adults in planning for LTC expenses.	Identify economic insecurity in retirement as a concern and share with financial stakeholders including grant makers in aging, local government, state government, federal government, and the general public.	Create a white paper about the importance of programs that provide assistance to older adults to achieve economic security in retirement.	White paper disseminated by February 28, 2011.
OSA to support efforts to develop training and tools to prepare older adults to achieve or maintain economic security in retirement.	Co-lead efforts to create training and tools to prepare older adults to achieve and maintain economic security in retirement with MEESSI stakeholders.	Develop economic security training curriculum and tools with MEESSI stakeholders.	Service providers and the public will have training materials and tools to empower adults to plan for economic security in retirement. Materials will be available on the OSA website and from MEESSI stakeholders.	Materials will be available by October 31, 2012. Training for aging network will be available at AAA conference in 2013.
Economic Development Objective: Work with the aging network to deploy strategies to ensure seamless, uninterrupted service to older adults and their support network and to identify creative, evidence based, and measurements to support the aging network.	Establish Process Action Team (PAT) to: Discuss opportunities that produce cost savings while maintaining high quality services. Generate ideas/positions for policy changes at the federal level.	Conduct and produce an environmental scan document to be submitted to the deputy and director. Produce a white paper for Director's review and submission to AoA. Conduct a failure mode and effects analysis (FMEA) related to opportunities prior to submission of the paper.	The OSA management and the PAT will have relevant information by which to develop and deploy the strategic plan. White paper on flexibility /policy changes to OSA Director and management to finalize position on issues. Once finalized will be submitted to the AoA. FMEA is built into the white paper.	Scan completed by Fall 2011 Jan 2012

OBJECTIVE III-E: ELDER ECONOMIC SECURITY LOGIC MODEL (AGING NETWORK ECONOMIC DEVELOPMENT INITIATIVE)				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	Conduct strategic planning and develop a plan with timelines; champions; and measurements. • Conduct an "Is" and "Should" map. Which includes exploring current rules, identify areas of flexibility and modify. • Provide technical assistance to stakeholders regarding strategic planning/business development. • Research what other states are doing. • Develop indicators for program development objectives.	A three year strategic plan is produced and approved by the Director. A work plan with timelines, staff assignments and metrics. The work plan will include but not be limited to tactics that have staff meeting with providers 1:1; summits; workshops; written material and web based TA. Facilitate statewide training(s) on practical examples of funds/resource development. A compendium report will be produced which reflects the national research. The initiative will have an evaluation plan that measures the performance and the cost benefit of the strategic plan.	A strategic plan with tactics to drive the work of the Aging Network Economic Development Initiative team and PAT.	Feb. 2012 Nov. 2011 Feb 2012

OBJECTIVE III-E: ELDER ECONOMIC SECURITY LOGIC MODEL (AGING NETWORK ECONOMIC DEVELOPMENT INITIATIVE)				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	• Produce and distribute a report which includes a blue print on: "Economic Strategies for the Aging Network to Tackle Michigan's Hard Times".	A report for the Director will be produced which includes a "blue print" for the aging network to reference. The report will include the background research; findings; cost benefit analysis; a sustainability plan and the "blue print" or "toolkit" for the network. The "blueprint or toolkit" will include a dissemination plan and a TA plan that OSA staff will implement.		Spring 2012
	Implement the strategic plan via the OSA initiative team and support from the PAT.	Staff will have detailed work plans with tasks, timelines, measurement and deliverables.	Staff work plans	Spring 2012 -ongoing

OBJECTIVE III-F. GUARDIANSHIP

OSA holds firm to its belief that professional guardians are trained and held accountable to standards of practice and ethical behavior. OSA will continue its work with elder rights/justice partners, court personnel and administrators, and the aging and disability network to encourage and support training of professional guardians. OSA also recognizes the critical need for families to be provided information that can prevent the need for guardianship and taught how to responsibly and ethically serve as guardians should it become necessary.

During FY 2011-2013, OSA will expand earlier efforts to educate family members about guardianships and alternatives to guardianship. In addition, OSA will work collaboratively at the state level to promote the adoption of the National Guardianship Association (NGA) register for professional guardians and the "Ethics and Standards of Practice" for professional guardians in Michigan. OSA will work collaboratively with elder rights/justice partners, including ADRCs, to achieve guardianship program goals and objectives while focusing on cultural competence and cultural awareness throughout the guardianship network.

OBJECTIVE III-F: OBJECTIVE: GUARDIANSHIP LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Expand state level efforts to educate family members on guardianship, conservatorship and alternatives.	Collaborate with Michigan Guardianship Association (MGA) to organize bi-annual conferences. Participate in MGA activities directed at educating older adults and caregivers about guardianship, conservatorship and alternatives.	Obtain, review, and analyze the results of the surveys completed by the attendees of the two conferences organized by MGA. Meeting notes.	An increased number of family guardians understand their roles and responsibilities.	Consumer survey and MGA surveys used to establish baseline data by December 2012 comparative analysis conducted annually thereafter.
Support the collaborative development and adoption of Ethics and Standards of Practice for professional guardians in local communities and statewide.	Develop a strategic plan for increasing utilization of Ethics and Standards of Practice.	Strategic plan.	Michigan courts and guardians value the NGA Standards of Practice and Ethics.	Strategic plan is adapted and implemented by December 2012.
Promote the adoption of the NGA register for professional guardians in Michigan.	Develop a workgroup with guardians, court personnel, legal advocates and aging and disability network partners to determine how to move registry efforts forward.	Strategic plan. Gap analysis.	Michigan professional guardians recognize the value in certification and registration.	An increase in the number of registered or certified professional guardians in Michigan by 2012 compared to 2010 data.

OBJECTIVE III-G. MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP)

MMAP is funded by the Centers for Medicare and Medicaid Services (CMS) and were originally established to address the confusion caused by the increase in choices of Medicare supplemental insurance. Since the program's inception the role of counselors in serving people with Medicare has greatly expanded due to the wide range of health issues that confront older adults and persons with disabilities.

MMAP is the Michigan State Health Insurance Assistance Program (SHIP), offering free health benefits counseling and unbiased information and assistance, to Medicare and/or Medicaid beneficiaries who are older or have a disability. These services are also available to family members, caregivers, and other individuals and groups that advocate or care for Medicare and Medicaid beneficiaries. MMAP has been empowering beneficiaries and their families to make informed health care decisions by providing objective health benefits information, education, advocacy, and consumer protection assistance services in the areas of Medicare, Medicaid, Medigap insurance, retiree health benefits, LTC insurance, managed care and prescription drug coverage. In addition, SHIP also informs Medicare beneficiaries about fraud and abuse.

OSA contracts MMAP, Inc. a private 501(C) 3 non-profit agency which administers the program statewide, via sponsored sites including the 16 AAA, who provide regional and local SHIP service through a network of highly skilled volunteers and paid staff. MMAP, Inc. also partners with many other organizations, including, County Councils and Commissions on Aging, the Social Security Administration, DHS and MDCH, and the Centers of Independent Living.

MMAP has 57 locations, serving 83 Michigan counties, with over 500 trained MMAP professional and skilled volunteers, and staff who provide information and assistance on a variety of Medicare related items. Counseling topics include Medicare and Medicaid eligibility, medical coverage, enrollments, claims, post-enrollment issues, grievances and appeals, fraud, abuse and identity theft related to Medicare, Medicaid, managed care, Medigap and LTC insurance products.

During FY 2011-2013, OSA will continue to monitor and provide TA to MMAP, Inc. to ensure: 1) compliance with new CMS performance benchmarks, 2) easy program service access for older adults and persons with disabilities, 3) provision of high quality services.

OBJECTIVE III-G: MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP) LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
OSA will direct and provide guidance to MMAP, Inc. to build capacity to meet and/or exceed CMS performance measures.	Meet monthly with MMAP, Inc. Exe Director to review MMAP's performance statewide against the CMS performance measures. Identify CMS compliance components with benchmarks.	Plan to address the MMAP, Inc. gaps in meeting the CMS performance measures: Prioritized list of the nine CMS performance measures to be addressed by MMAP, Inc. /OSA. Baseline data identified and analyzed related to the nine prioritized CMS performance measures: gap analysis completed with identified tactics to bridge gaps.	Meet and/or exceed CMS performance measures. Meet and/or exceed CMS performance measures: tactics will successfully address gaps.	Plan developed by 10/31/2010. Baseline data identified and analyzed by 12/31/2010. Work plan developed to deploy tactics affects by 4/01/2011. Tactics impacts: % increase /improvement of delineated CMS performance measures. First snapshot by 10/31/2011. Second snapshot by 04/30/211.
OSA to provide oversight to MMAP sites	OSA will review & revise the monitoring tool develop by OSA & implemented by MMAP, Inc on an ongoing basis as	A process to get information about MMAP sites is put in place	MMAP sites are meeting the benchmarks and MMAP, Inc in return is aware of technical assistance needed by	First snapshot by 6/31/2011 Second By 10/32/2011 Third by 01/31/2012

OBJECTIVE III-G: MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP) LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	needed.		the field.	Fourth by 04/30/2012
OSA will provide oversight in the following areas of MMAP, Inc. in order to ensure quality administration of a statewide program: ➢ Program operations ➢ Financial accountability ➢ Data entry and collection ➢ Quality improvement Oversight of MIPPA grant.	OSA will generate minimum operational standards and service definitions for MMAP, Inc. Develop tools to monitor compliance with OSAs operational standards. Monitor MMAP, Inc. compliance with OSAs operational standards. Based on CMS requirements, OSA will develop benchmarks for MMAP, Inc. to complete on an annual basis. OSA will provide technical assistance to MMAP, Inc in quality management. OSA will develop contract with MMAP, Inc specifying the terms & conditions of how MIPPA funds are to be used. OSA will monitor the progress on a monthly basis. OSA will provide technical support to MMAP, Inc	Minimum standards and service definitions are developed A system for monitoring MMAP, Inc. and MMAP sub-contractors is developed. A system for monitoring MMAP, Inc. compliance with CMS requirements using new operating standards and service definitions. The expected outcomes are clearly defined. The mandatory requirements and benchmarks are clearly indicated. Monthly meetings with MMAP, Inc's executive Director & MIPPA manager are completed OSA will provide guidelines & facilitate collaborative efforts amongst the partners.	MMAP, Inc. and MMAP sub-contractors are aware of performance and compliance expectations. Compliance with the minimum standards and service definitions is measured. Compliance with CMS requirements. Beneficiaries' Surveys are conducted Compliance with AOA and CMS mandates Progress is meeting the benchmarks OSA to review program manager's reports & attend meetings as needed.	The standards are implemented effective Oct 1, 2010 1st snapshot: 10/31/2010 2nd: 1/31/2011 3rd: 4/31/2011 4th: 6/31/2011

GOAL IV

IMPROVE THE EFFECTIVENESS, EFFICIENCY AND QUALITY OF SERVICES PROVIDED THROUGH THE MICHIGAN AGING NETWORK AND ITS PARTNERS

OBJECTIVE IV-A. PLANNING AND EVALUATION

OAA mandates that state units on aging plan for the needs of older adults and evaluate services provided. Amidst declining state revenues and a growing aging population, the need to understand the older population currently being served, improve efficiencies, balance prevention with direct services, and accommodate the preferences of "baby boomers" is critical to planning future aging services. To this end, OSA remains committed to ensuring that the highest quality of services is provided, and improving the effectiveness of the aging network in meeting the needs of older adults and their caregivers.

OSA continues to employ Continuous Quality Improvement (CQI) principles and tools in carrying out its statutory requirements to plan, implement and improve administrative and operational processes by which our work is completed. Additionally, OSA has worked to expand and enhance reporting systems on the web-based AIS to maximize data-driven planning, analysis, and evaluation capabilities. OAA service data collected is analyzed and presented in the annual NAPIS Client and Service Report. This report not only measures compliance with OAA requirements, but also provides data used to identify significant demographic and service trends.

The OSA Quality Council, comprised of OSA management team members, will continue to meet quarterly to review reports, monitor progress, and guide direction on established indicators. State plan strategies and indicators are reported on annually, and highlights and accomplishments are also reported each fiscal year in the OSA Annual Report prepared for the Governor and Michigan State Legislature.

During FY 2011-2013, OSA will continue to integrate data-driven CQI principles into all OSA core and contractual functions. Efforts will also be made compare aging network service with other LTC/community-based service systems, such as Medicaid. PATs will be created as needed to address issues and processes that cross OSA organizational lines, and staff will be trained as needed to utilize CQI tools and approaches. In addition, 2010 U.S. Census data will be analyzed and an approach developed to conduct a statewide needs assessment utilizing resources solicited from a variety of private resources.

OBJECTIVE IV-A: PLANNING AND EVALUATION LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Improve delivery of services to older adults and their caregivers by systematically reviewing and modifying processes within a CQI framework.	Identify activities and strategies that contribute to effectiveness and efficiencies in the delivery of services to older adults and caregivers. Identify specific processes and procedures including AAA oversight and monitoring, area plan development, facilitation of CSA meetings and grant/contracts management to be addressed with reformulated processes. Provide training to OSA staff to support collection and analysis of program specific data. Develop instruments to measure progress toward accomplishment of state plan objectives. Utilize CQI tools and strategies to re-engineer internal OSA policies and procedures. OSA Quality Council meets quarterly to review progress in strategic/state plan goals.	Process Action Teams (PAT) and workgroups created to address performance and efficiency issues. Work group notes and minutes documenting CQI efforts. Internal OSA policies and procedures are documented and provided to staff. Training and TA provided to OSA staff. Instruments developed to collect data and track improvements. Data analysis reports and surveys as determined appropriate. OSA Quality Council meeting notes and action items.	PAT work plans and meeting notes. Strategic goals/objectives are established to guide and monitor improvement efforts. AAA compliance and program assessments reflect OSA improvement activities. AAA Multi-Year and Annual Implementation Plans reflect OSA strategic goals and initiatives. OSA policies and protocols modified and/or adopted by OSA since 2010. State plan objectives and performance measures reviewed semi-annually for	100% of identified CQI-appropriate issues are addressed across OSA divisions. % of AAA Multi-Year and Annual Implementation Plans that reflect OSA state plan goals and priority service initiatives. % AAA assessments that reflect increased compliance with standards. # Internal OSA policies and procedures are documented and provided to staff. % MDCH-processed grants/ contracts returned for corrections prior to approval. % State Plan objectives that are updated by OSA staff by April 30 of each fiscal year.

OBJECTIVE IV-A: PLANNING AND EVALUATION LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
			progress.	% State Plan objectives that are updated by OSA staff by October 31 of each fiscal year.
Anticipate and prepare for emerging needs of the aging population and caregivers.	Develop scope, approach and indicators for assessment of older adult and caregiver needs. Develop plan for seeking financial resources based on established framework for needs assessment. Collect information from older adults and caregivers to determine current and future needs. Analyze data for trends and comparisons. Integrate data into strategic planning processes, allocation methodologies and advocacy efforts.	Approach and scope of deeds assessment is developed. Potential funding sources are identified for supporting statewide needs assessment. Funding is obtained to support statewide needs assessment. Needs assessment is conducted and data is analyzed. OSA state plan is modified to prioritize financial and staff resources on needs and preferences identified in assessment.	OSA strategic goals that meet AoA objectives and the changing needs of the Michigan population are developed.	Strategic goals are developed that define the approach of the needs assessment by 12/20/2010. Potential funding sources are identified for supporting statewide needs assessment by 12/30/2010. Funding is obtained to support statewide needs assessment by 6/30/3011. Needs assessment is conducted and data is analyzed by 12/31/2011. OSA state plan is modified to prioritize financial and staff resources on needs and preferences identified in assessment by 6/30/2012.
Increase utilization and standardization of data for decision making, advocacy and reporting purposes.	Analyze NAPIS data to measure service capacity and trends. Review, acquire and develop, and use state	AIS data reports. State and national data indicators are identified	Annual NAPIS data analysis. Analysis of identified sources of aging related and	State and national indicators are identified for comparison and analysis by 6/30/2011. OSA strategically uses indicators to map progress

OBJECTIVE IV-A: PLANNING AND EVALUATION LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	(including Medicaid) and national indicators to assess progress of aging network services statewide.	and measured.	Medicaid data for older adults. OSA Quality Council meeting notes and state plan amendments.	towards goals as identified in the approved 2011-2013 state plan. Measured 9/30/2011; 9/30/2012; and, 2013.
	Analyze 2010 U.S. Census data for trends and comparisons.	2010 U.S. Census data is available for use by OSA and AAA in planning for efforts to address the needs of older adults and their caregivers.	Reports available to OSA staff, AAAs and service providers on 2010 U.S. Census data.	2010 U.S. Census data is available to assist AAAs and aging service providers address the needs of a changing older population in Michigan by September 30, 2012.
	Establish OSA Data PAT to: ➢ Inventory all OSA data sets and reporting requirements and to determine data sources. ➢ Identify common data elements collected across programs/service activities. ➢ Establish OSA protocols for developing and publishing OSA data reports across divisions.	Inventory of data sets and reporting requirements is available. Inventory of data sets and reporting requirements is available. OSA protocols are developed and implemented for reporting purposes.	Data set inventory and itemization of reporting requirements. Established OSA protocols. Standardized program reports.	Inventory of data sets and reporting requirements is available by 9/30/2011. OSA protocols are developed and implemented for reporting purposes by 9/30/2011. 100% of OSA programs have standardized program reports that accurately reflect program activities and performance to established outcomes by 9/30/2012.

OBJECTIVE IV-A: PLANNING AND EVALUATION LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	In collaboration with appropriate OSA staff: ➢ Identify key data elements for monitoring of program activities and measuring success; ➢ Identify additional data needs; ➢ Create standardized reports that accurately describe program activities, outcomes and service activities.	Standardized program reports are available to accurately reflect program activities and performance to established outcomes.		

OBJECTIVE IV-B. TECHNOLOGY AND DATA ANALYSIS

Aging network agencies are dependent upon OSA's Aging Information System (AIS) to provide comprehensive reporting on clients and services supported by the federal and state aging funds at the state, AAA, service provider, and client level. The AIS is a private, secure internet-based website comprised of 16 software applications that support the data management and reporting needs of 900 system users at 180 agencies across the state.

AIS electronic data systems meet a variety of federal and state program reporting requirements. For the bulk of services, these systems will be used to fulfill OSA's commitment under the State Plan to "make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to ensure the correctness of such reports."

Electronic data systems are essential to OSA and the aging network because of the comprehensiveness and complexity of required federal and state reports. Additionally, in the case of the senior nutrition program, AIS reporting is used to secure nearly $7 million for the home delivered and congregate meal programs. During FY 2011-2013, OSA will work to improve the collection and reporting of data for the Michigan aging network, support OSA's data and reporting needs under the CLP and ADRC grants, ensure that sensitive data is secure, and develop protocols to maintain capacity of the AIS in the event of a disaster.

OBJECTIVE IV-B: TECHNOLOGY AND DATA ANALYSIS LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Improve the reporting of data related to the provision of legal services.	Convene user groups to provide feedback on system enhancements. Provide TA. Enhance customizable reports.	Prioritized list of enhancements is available. Monthly ACRO technical assistance reports. Accurate and complete legal services data.	Completed AIS testing forms are completed for approved enhancements. 100% of all TA issues are resolved. LSI data is used to review service provision and future planning.	Tested LSI service reports available to OSA legal services program staff by 3/31/2011. % TA issues resolved.
Develop and support statewide data system for the collection and reporting of CLP data.	Identify data needs, system functionality, policies and procedures. Review and test software during development. Train users on CLP system. Monitor software utilization. Convene users to provide feedback on system issues. Provide TA as needed/requested. Build IT capacity within AIS to develop CLP reports.	System specifications are available to guide IT development. Monthly ACRO technical assistance reports. Accurate and complete ADRC data.	NAPIS modifications that allow collection of CLP data. CLP data from aging network and grantees is timely and accurate. 100% of all TA issues are resolved. System data is used to review service provision and future planning.	AIS has capacity to collect required CLP data by 12/31/2010. CLP data for AAA grant partners is available in NAPIS for analysis and federal reporting by 3/31/2011. % TA issues resolved. Statewide CLP reports available in NAPIS by 9/30/2011.

OBJECTIVE IV-B: TECHNOLOGY AND DATA ANALYSIS LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Develop and support statewide data system for the collection and reporting of ADRC data.	Convene a Technical Assistance Group (TAG) to identify data needs, system functionality, policies and procedures. Convene TAG to review and test software during development. Train users on ADRC system. Monitor software utilization and provide technical assistance. Convene user groups to provide feedback on system issues. Develop ADRC reports to meet reporting needs.	System specifications. Meeting notes. Monthly ACRO TA logs. ADRC reports are available.	Approved system specifications are available to guide AIS development for ADRC. Completed AIS testing forms are completed for approved enhancements. ADRC data from aging network and grantees is timely and accurate. System data is used to review service provision and future planning.	Identify ADRC data needs by 12/31/2010. Approve system specifications for functionality by 3/31/2011. Develop policies and procedures related to ADRC data collection within AIS by 3/31/2011. % TA issues resolved. ADRC data available for analysis and federal reporting by 9/30/2011.
To maintain critical AIS capacity in the event of a man-made or natural disaster.	Update AIS Disaster Recovery Plan, including the addition of polices and procedures for sharing of client information with network agencies in the recovery efforts following an emergency. OSA tests the AIS Disaster Recovery Plan in accordance with OSA's Security Review Policy requirements.	AIS disaster recovery plan & test results/notes are available.	Plan performs in accordance with established testing criteria during drills.	Specifications for updating Disaster Recovery plan are developed by 12/31/2010. Report on plan functionality during drill is available by 6/30/2011.

OBJECTIVE IV-B: TECHNOLOGY AND DATA ANALYSIS LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	Revise AIS Disaster Recovery Plan to reflect test results. Integrate the AIS Disaster Recovery Plan with the OSA emergency management plan and process.	Disaster Recovery Plan is available. Integrated Disaster Recovery Plan is available.	Data integrity is maintained regardless of threats to the system.	% data integrity maintained against established testing criteria. Integrated Disaster Recovery plan for AIS is available by 9/30/2011.

OBJECTIVE IV-C. ADVOCACY AND LEGISLATION

OSA works with key legislators, provides testimony to committees, drafts bill analyses for the administration and submits weekly legislative activity reports to the Governor's staff.

OSA continues to work on behalf of vulnerable older adults by updating the legislation for abuse and increasing penalties for abusers. In 2009, 19 bills were introduced at OSA's request, in cooperation with the Governor's office. The bills implement the Governor's Task Force on Elder Abuse report, issued in 2006. The bills extend protections for vulnerable adults, increase penalties for abusers and improve investigations and prosecutions.

The SAC advises the CSA on issues selected by the Commissioners. The SAC is a diverse group representing Michigan's aging population and chaired by a commissioner. OSA provides staff support with the agenda, minutes, presentations and report. The SAC is one method OSA hears about aging concerns from the members and OSA provides SAC members with information on budget, program and legislative issues.

OBJECTIVE IV-C: ADVOCACY AND LEGISLATION LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
Convene SAC.	CSA determines priority focus for year. Facilitate examination and discussion of key issue. Develop recommendations and action steps based on key issue. Release issue report to CSA, Legislators, stakeholders and consumers.	Annual priority focus. Meeting notes. Recommendation and action steps. SAC annual report.	Action is taken to enact recommendations of SAC. Improved services for older adults in Michigan around SAC identified priority issues.	SAC annual reports and recommendations are presented to the CSA annually.
Represent aging perspectives in state legislative activities.	Track legislation and issues related to aging. Attend public hearings and other meetings conducted by the state legislature. Partner with legislative liaison from MDCH to further the aging agenda. Respond to legislative requests for assistance with constituent concerns, services and information. Respond to legislative requests related to impact on aging population.	Legislative synopsis of current issues. Constituent letters. Legislative letters.	OSA positions are represented in legislative positions.	A bill tracking list is updated quarterly. Staff is at committee meetings where bills of interest are discussed 90% of the time. Meet with MDCH legislative liaison at least quarterly. Legislative constituent calls are handled with 24 hours 90% of the time.
Inform OSA staff of new state legislative initiatives.	Communicates with staff about pending legislation.	Legislative summaries	OSA is recognized as an expert on issues impacting older adults.	Emails are sent to management with legislation information monthly 90% of the time.

OBJECTIVE IV-C: ADVOCACY AND LEGISLATION LOGIC MODEL				
Objective	**Activity**	**Output**	**Outcome Measure**	**Measurement**
	Summarizes issues related to legislative initiatives. Coordinate analysis on legislative bills assigned to OSA as the lead agency.	Legislative analysis.	Legislators recognize OSA an important source of information about the legislative impact on older adults.	Bills analyses are submitted to OSA management for approval prior to the bills passage 90% of the time.
Advocate for older adult subscribers of Blue Cross and Blue Shield of Michigan (BCBSM) Medigap and individual health policies, per PA 350.	Monitor BCBSM rate requests and legislation for changes affecting older adult subscribers. Share information with advocates in the field.	Legislative analysis, advocacy at state policy and legislative levels, outreach to aging network advocates.	Policy-makers and legislators understand the potential negative impact and loss of income on the part of older adult subscribers caused by rate increases and legislative proposals.	No or minimal negative impact on the incomes of older adult subscribers and potential subscribers.

STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS

Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (transportation, health services **(**including mental health services**)**, outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will

pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

> A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
>
> B) in compliance with the assurances specified in paragraph (13) and the limitations pecified in section 212;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by

the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order
.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:
(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:
(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--
(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))
The term "in-home services" includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)
provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Section 306(a)(17)
Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)
(2) The plan shall provide that the State agency will:
(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306
(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) *(Note: those categories are access, in-home, and legal assistance).*

Section (307(a)(3)
The plan shall:
(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); *(Note: the "statement and demonstration" are the numerical statement of the intrastate*

funding formula, and a demonstration of the allocation of funds to each planning and service area)

(B) with respect to services for older individuals residing in rural areas:
(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.
(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).
(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Section 307(a)(8)) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

Section 307(a)(10)
The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Section 307(a)(21)
The plan shall:
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title *(title III),* if applicable, and specify the ways in which the State agency intends to implement the activities .

Section 307(a)(28)
(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
(B) Such assessment may include—
(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Section 307(a)(29)
The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(30)
The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a)(7)
In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). *(Note: Paragraphs (1) of through (6) of this section are listed below)*

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

_____ _____
Signature and Title of Authorized Official Date

PROPOSED 2011 OSA APPROPRIATIONS

Appropriated Line-Items Title	Proposed Budget Appropriation
OSA Administration	$ 7,190,900
Community Services	34,149,400
Nutrition Services	35,360,200
Retired and Senior Volunteer Program	627,300
Foster Grandparent Program	2,233,600
Senior Companion Program	1,604,400
Employment Assistance	3,947,400
Employment Assistance (ARRA)	1,100,000
Evidence-Based Disease Prevention (ARRA)	1,100,000
Respite Care	5,868,700
Gross Appropriation	$93,033,500
Total Federal Revenues:	$58,988400
Title III	37,834,800
Title VII	698,400
Nutrition Services Incentive Program (NSIP)	7,410,000
U.S. Dept. of Agriculture	500,000
Title V	3,947,400
Title XIX	2,482,400
MMAP, Inc.	1,353,300
Employment Assistance (ARRA)	1,100,000
Evidence-Based Disease Prevention (ARRA)	1,100,000
Total State Revenues:	34,045,100
Abandoned Property Funds (State Respite)	1,400,000
Miscellaneous Private Revenues	610,000
Merit Award Trust Fund	4,468,700
General Fund/General Purpose	27,566,400
Gross Revenues	$93,033,500

ALLOCATION OF RESOURCES

GREATEST ECONOMIC OR SOCIAL NEED

In the provision of services funded under this State Plan, preference will be given to those older adults with greatest economic or social need, with particular attention to low-income minority individuals and older adults residing in rural areas.

"Greatest economic need" refers to the need resulting from an income level at or below the poverty threshold established by the federal government each year. The poverty level for 2009-2010 is defined as $10,830 for a single individual and $14,570 for a family of two.

"Greatest social need" refers to the need caused by non-economic factors such as physical and mental disabilities, language barriers, and cultural, social or geographical isolation that restricts an individual's ability to perform normal daily tasks or threatens one's capacity to live independently.

Methods for giving preference to those with greatest economic/social need shall include:

- Application of weighting factors for low-income, minority and rural older adults in the distribution of funds to each of 16 Planning and Service Areas (PSAs).

- Assuring that AAAs target contracts for social services and nutrition in areas with high concentrations of older adults having the greatest economic/social need.

- Assuring that AAAs award OAA service contracts or subcontracts to minority-owned and operated organizations, at least in proportion to the number of minority persons of all ages residing within the PSA.

- Assuring AAAs target services for persons with physical and mental disabilities through earmarking state funds for in-home services and home delivered meals for the frail elderly.

- Assuring that AAAs spend at least 105% of the amount spent in fiscal year 2000 under the OAA for services to older adults in rural areas.

- Requiring all contractors under area plans to assure that services are provided to low-income and minority older adults in proportion to their relative needs as determined by regional surveys; insure that services to these groups are not reduced. As part of the area plan development process, all AAAs are required to conduct comprehensive surveys of need within the PSA, and to utilize demographic data in targeting services.

INTRASTATE FUNDING FORMULA

The intrastate funding formula was reviewed pursuant to OAA requirements and no changes have been made from the previous planning cycle. Michigan is divided into 16 PSAs, and each is served by an AAA. OAA funds are allocated using the following weighted formula:

State Weighted Formula Percentage for PSA	=	# aged 60 and over in PSA +	# aged 60 and over at or below 150% of poverty +	# aged 60 and over nonwhite in PSA + .5 x level in PSA
		# of people aged 60 and over in state +	# aged 60 and over at or below 150% of poverty in state +	# aged 60 and over nonwhite in state + .5 x in state

The 2000 Census will be used to calculate funding available to each PSA. Each PSA's percentage of the state's weighted population is calculated by adding:

- the number of persons aged 60+,
- the number of persons aged 60+ with incomes at or below 150% of the poverty level and,
- one-half the actual number of older adults identified as a minority

The sum of these factors is then divided by the state's total weighted population after a base, determined by the number of square miles, is subtracted.

Formula Factor Importance

Factor	Weight	x	Population	=	Weighted Population	% of Funds Distributed by Factor
60+	1.00	x	1,596,162	=	1,596,162	81.49
Low-income	1.00	x	264,800	=	264,800	13.52
Minority	.50	x	195,459	=	97,730	4.99
TOTAL				=	1,958,692	100.00

Funding for each PSA has two components: administrative funds and service category funds.

Administrative funds = federal + state administrative funds
Service categories = Titles III-B, III-C1, III-C2, III-D, III-E, St-HDM, St-A/C, St-SCS

92.5% of total funding is distributed based on the state's weighted formula percentage; 7.5% is distributed based on the percentage of state's geographical area.

Geographic Base

Prior to applying the formula factors, 7.5% of state and federal service funds are subtracted from the service total and distributed to each PSA according to its share of the total square miles in the state.

Service Category Funds for PSA	=	PSAs State Weighted Formula Percentage	x	92.5% of Service Category Funds	+	% of State Geog. Area (square miles)	x	7.5% of Service Category Funds

Chart 3
2000 Weighted and Geographic Formulas

Area Agency On Aging By Region	Population 100% 60+	Population 150% of Poverty	Population 50% of Minority	Weighted Funding Formula	AAA Square Miles	Geographic Formula
1A	147,806	42.530	53,250	12.44%	154	0.27%
1B	419,023	51,594	13,805	24.73%	3,922	6.90%
1C	171,279	22,322	5,771	10.18%	460	0.81%
02	52,260	8,342	957	3.09%	2,058	3.62%
3A	35,255	5,040	1,252	2.12%	562	0.99%
3B	33,728	6,147	1,275	2.10%	1,266	2.23%
3C	18,733	3,265	267	1.14%	1.012	1.78%
04	52,334	10,510	2,622	3.34%	1,683	2.96%
05	90,643	14,120	5,782	5.64%	1,836	3.23%
06	59,807	8,088	2,174	3.58%	1,711	3.01%
07	128,011	23,665	3,315	7.91%	6,605	11.62%
08	140,233	23,965	3,745	8.57%	6,008	10.57%
09	59,753	11,575	330	3.66%	6,816	11.99%
10	55,833	9,300	372	3.34%	4,724	8.31%
11	67,470	14,215	906	4.22%	16,411	28.87%
14	64,994	10,122	1,907	3.93%	1,614	2.84%
Total	1,596,162	264,800	97,730	100.00%	56,842	100.00%

AREA AGENCIES ON AGING & GEOGRAPHIC AREAS SERVED

Region 1-A DETROIT AREA AGENCY ON AGING, 313.446.4444, serving cities of Detroit, the Grosse Pointes, Hamtramck, Harper Woods, Highland Park

Region 1-B Area Agency on Aging 1-B, 248.357.2255, serving Livingston, Macomb, Monroe, Oakland, St. Clair & Washtenaw Counties

Region 1-C THE SENIOR ALLIANCE, INC., 734.722.2830, serving all of Wayne County, excluding areas served by Region 1-A

Region 2 REGION 2 AREA AGENCY ON AGING, 517.592.1974, serving Hillsdale, Jackson & Lenawee Counties

Region 3-A REGION 3-A AREA AGENCY ON AGING, 269.373.5147, serving Kalamazoo County

Region 3-B REGION 3-B AREA AGENCY ON AGING, 269.966.2450, serving Barry & Calhoun Counties

Region 3-C BRANCH/ST. JOSEPH AREA AGENCY ON AGING III-C, 517.278.2538, serving Branch & St. Joseph Counties

Region 4 REGION IV AREA AGENCY ON AGING, INC., 269.983.0177, serving Berrien, Cass & Van Buren Counties

Region 5 VALLEY AREA AGENCY ON AGING, 810.239.7671, serving Genesee, Lapeer & Shiawassee Counties

Region 6 TRI-COUNTY OFFICE ON AGING, 517.887.1440, serving Clinton, Eaton & Ingham Counties

Region 7 REGION VII AREA AGENCY ON AGING, 989.893.4506, serving Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac & Tuscola Counties

Region 8 AREA AGENCY ON AGING OF WESTERN MICHIGAN, INC., 616.456.5664, serving Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newago & Osceola Counties

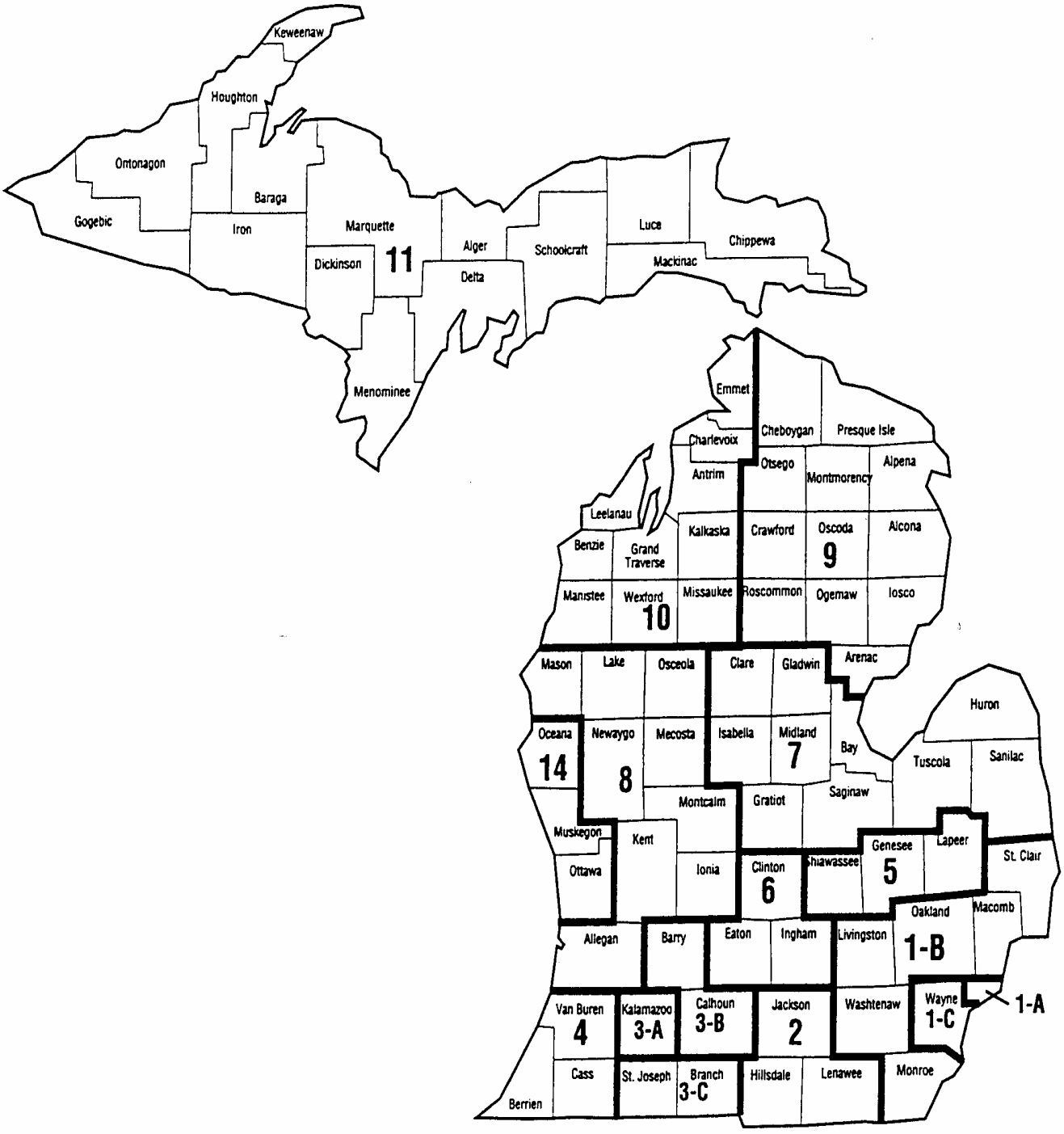
Region 9 REGION IX AREA AGENCY ON AGING, 989.356.3474, serving Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle & Roscommon Counties

Region 10 AREA AGENCY ON AGING OF NORTHWEST MI, INC., 231.947.8920, serving Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee & Wexford Counties

Region 11 UP AREA AGENCY ON AGING, 906.786.4701, serving Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon & Schoolcraft Counties

Region 14 SENIOR RESOURCES, 231.739.5858, serving Muskegon, Oceana & Ottawa Counties

Michigan Aging Network
Planning and Service Areas



TARGETING SUMMARY

This chart represents a comparison of older adults and caregivers in greatest economic and social need served in Michigan for FY 2009 (latest statistics available).

OLDER ADULTS SERVED IN GREATEST SOCIAL & GREATEST ECONOMIC NEED				
	Michigan 60+ Population[4]	% of Michigan 60+ Population	60+ Total Served in NAPIS 2009	% of Total NAPIS Service Population[5]
Total Population 60+	1,596,162		120,019	
White (non-Hispanic)	1,400,703	88%	98,232	81.8%
African American	160,741	10%	19,091	15.9%
Asian/Pacific Islander	12,298	0.8%	1,034	0.9%
American Indian/Alaskan	4,658	0.3%	647	0.5%
Hispanic (of any race)	18,653	1.2%	1,634	1.4%
Low-income	96,116	8%	30,601	31.4%
Rural	427,733	27%	58,679	46.5%

CAREGIVERS SERVED IN GREATEST SOCIAL & GREATEST ECONOMIC NEED				
	Michigan 18+ Population[6]	% of Michigan 18+ Population	Total Caregivers Served in 2009[7]	% of Total NAPIS Service Population
Total Population	7,239,684		7,382	
White (non-Hispanic)	6,028,037	83.3%	5,079	76.2%
African American	958,883	13.2%	1,399	21.3%
Asian/Pacific Islander	130,599	1.8%	53	0.8%
American Indian/Alaskan	39,991	0.6%	24	0.4%
Hispanic (of any race)[8]	200,496	2.7%	123	2.4%
Low-income	NA	13.5%	1,612	29.5%
Rural	2,518,920	25.3%	2,691	39.1%

[4] Source: 2000 U.S. Census (www.census.gov)
[5] Totals for clients in registered services. Percentages are based on counts of clients with known race/ethnicity, poverty status, and rural status. Totals do not include non-registered clients due to duplication in the aggregate reporting of non-registered services.
[6] Source: 2000 U.S. Census. Race totals for Individuals aged 18 and older reporting one race.
[7] Totals for caregivers in registered services. Percentages are based on counts of caregivers with known race/ethnicity, poverty status, and rural status. Totals do not include non-registered caregivers due to duplication in the aggregate reporting of non-registered services.
[8] Hispanic data is based upon a total of 7,342,677 individuals aged 18 and older in Michigan reporting one or more races.

RURAL SERVICES

A total of 7.5% of service funds received by OSA are allocated based on geographic distribution to target additional resources to PSAs with large populations of older adults in rural geographic areas. OSA maintains a web-based aging information system (NAPIS) to retrieve and analyze data regarding services provided to older adults and their caregivers. To determine rural expenditures, OSA uses the rurality designation by zip code from the U.S. Census Bureau and applies those percentages to the actual number of people served in each zip code in Michigan.

Based on FY 2009 federal and state service expenditures, the cost of providing services, including access to those services for older adults, is reflected in the Chart 2. It is estimated that costs of providing these services will remain approximately the same for each fiscal year to which the plan applies.

Chart 2. FY 2009 Federal and State Final Expenditures by Cost for Rural Clients		
Service Category[9]	**Total Federal and State Expenditures**	**Total Federal and State Expenditures for Rural Clients**
Home Delivered Meals	$24,482,443	$9,058,504
Congregate Meals	$10,144,271	$5,376,464
Care Management	$7,582,930	$4,094,782
Respite Care (all types)	$7,418,619	$2,893,261
Homemaker	$4,809,889	$3,318,823
Personal Care	$3,248,881	$1,624,441
Caregiver Access Services	$1,188,264	$285,183
Outreach	$1,119,374	$11,194
Case Coordination & Support	$1,111,430	$566,829
Information & Referral	$888,939	$142,230
Caregiver Counseling (all types)	$745,812	$253,576
Legal Assistance	$710,759	$78,183
Chore Services	$470,406	$164,642
Transportation	$465,748	$60,547
Senior Center Staffing/Operations	$461,569	$923
Disease Prevention/Health Promotion	$371,126	$59,380
Elder Abuse Prevention	$212,254	$8,490
Medication Management	$211,303	$52,826
Caregiver Information Services	$201,272	$48,305
Assisted Transportation	$159,950	$127,960
Ombudsman (Title III-B)	$158,819	$6,353
Home Injury Control	$150,784	$0
Health Screening	$129,350	$86,665
Regional AAA Services	$128,822	$0
Personal Emergency Response	$124,117	$4,965
Caregiver Supplemental (all types)	$116,568	$113,071
Assistance to Hearing Impaired	$78,856	$0
Vision Services	$75,704	$0
Home Repair	$48,916	$48,916
Counseling	$26,313	$0
Home Health Aide	$16,740	$16,740
Friendly Reassurance	$15,481	$11,456
Nutrition Education/Counseling	$984	$718
Total	**$67,076,693**	**$28,515,428**

[9] Source: National Aging Profile Information System (NAPIS). Services and expenditures included in this analysis are those for which client rural status is reported.

PUBLIC INPUT SUMMARY

The Office and Commission on Services to the Aging remain strongly committed to the public process of hearing from older adults, caregivers, area agencies on aging, service providers, and the general public on how the state may be responsive to the needs of its older citizens.

In preparation for this State Plan, eight public hearings were held during 2008, 2009, and 2010, and public input was solicited via the state unit on aging website. In all, 52 people provided testimony on a wide variety of issues. Hearings were held in a cross section of urban, suburban, and rural geographical locations – Sterling Heights, Lansing, Grand Haven, Gaylord, Detroit, Bay City, and Iron Mountain.

Here are a few trends that became apparent throughout the public hearing process.

FUNDING
In recent years Michigan's economy has significantly declined, resulting in reduced state funding for aging programs. This has happened at a time when the start of the Baby Boom generation is reaching elderhood, and people are living longer than ever before. With waiting lists existing across the spectrum of aging network services, it comes as no surprise that several people commented on the dramatic impact of funding losses to local programs (i.e. in-home services, long term care ombudsman, transportation, caregiver support)

OLDER ADULT VOLUNTEER PROGRAMS
Older adult volunteer programs are a "win-win." They provide opportunities for older adults to contribute to society and remain active, while serving as a valuable, low-cost, and reliable resource for local communities. Several public hearing attendees supported the ongoing need for older adult volunteer programs, citing several examples of their usefulness, with specific reference to Foster Grandparents, Senior Companions, and RSVP.

DIVERSITY & CULTURAL COMPETENCY
OSA shares a value voiced during the public hearing process – that of being sensitive to "difference" – difference as a result of race, ethnicity, culture, physical, and mental ability, sexual orientation, spiritual practice, etc. Specific comments were offered regarding the unique needs of older caregivers of adult children with disabilities, hearing impaired individuals, those in wheelchairs, and of members of the lesbian, gay, bi-sexual, and transgender community (LGBT).

TRANSPORTATION
Over the years, adequate transportation has been voiced as a priority need for older adults, and this fact was again reinforced during the public hearing process for this state plan. While transportation is essential to living independently, many older adults are no longer able to drive, or can no longer afford to purchase, maintain, or operate a vehicle. Lack of reliable transportation often contributes to a serious decline in health, increased isolation, less medical care, and poor nutrition. Resources are needed to support a variety of transportation options.

PREVENTION AND WELLNESS
Disease prevention and health promotion are keys to successful aging. Information needs to be available about good health, nutrition and exercise. Older adults need to be made aware that it's never too late to make changes that will improve the way they feel and live life. In addition, replication of evidence-based disease prevention programs should be a priority, with a focus on the use of multi-purpose senior centers as a vehicle for expansion.

CAREGIVER SUPPORT
Increased support for caregivers is a critical component of ensuring that older adults have a choice in where they live. Caregivers must have access to accurate information when they need it, and support groups are essential for the sharing of information, as well as respite and companionship. Respite continues as the most important service for caregivers and should be expanded to include more options for self-directed respite, extended care, and adult day services. The ability to meet the unique needs of individual older adults and those with dementia was also stressed. Services that address the special needs of grandparents and other older relatives raising dependent children must be an important part of any caregiver strategy.

HOUSING
Older adults cannot have a real choice in where they live without an adequate supply and variety of housing options. While research suggests that older adults prefer to remain in their own homes, physical impairments and a lack of financial resources often present barriers to this preference. Resources are needed for home repair and modification services, as well as, more affordable assisted living options and barrier-free housing. Equally important are compliance efforts regarding housing regulations, assisted living, manufactured homes, and home repair providers.

COMMUNITIES FOR A LIFETIME
Public hearing attendees voiced considerable support for the Communities for a Lifetime Project that helps prepare communities for an aging population. This program serves to unite local communities around an important cause, examine its assets, and improve life quality for its residents.

AREA PLAN DEVELOPMENT, IMPLEMENTATION AND MONITORING

OAA, Section 304(1)(E) and Section 304(2)(A) directs that in order to participate in grants for programs under the Act, states must establish PSA, and designate an AAA within each respective PSA. Federal regulations governing grants for state and community programs on aging further require the State Unit on Aging (SUA) to develop policies governing all aspects of programs operated under the OAA. These policies must address the manner in which the SUA will monitor the performance of all programs and activities for quality and effectiveness. These policies must be developed in consultation with appropriate partners of the aging network.

In Michigan, 16 PSAs have been established according to criteria established and approved by the CSA. An AAA has also been established to plan, coordinate and monitor services to older adults in the PSA according to federal and state provisions of the OAA and OMA.

OSA (Michigan's SUA) establishes the format and instructions to be used by AAAs in the development of area plans. Multi-year plans (MYP) are developed for a three-year period, with annual implementation plan (AIP) updates developed for each fiscal year covered by the plan. The format and instructions require a statement of need for the PSA based on research, demographics and input from older adults, service providers and local units of government. In addition, each AAA must determine the extent to which public and private programs and resources, including volunteers and programs/services of voluntary organizations have the capacity to meet the stated needs. Each area plan is also required to have a service delivery plan that responds to the statement of need and contains priorities, strategies for service provision and expected benefits to older adults in need. The area plan grant budget demonstrates how resources will be utilized to implement the plan. Other plan components are designed to address program requirements from the OAA, the OMA, and other pertinent policies. Each plan must be presented for public review and comment before submission to OSA. Area plans submitted to OSA are reviewed against approval criteria adopted by the CSA. A copy of the FY 2011 AIP instructions and approval criteria is attached as Appendix D of the State Plan.

The OAA requires that the SUA establish certain provisions to ensure that priority services are available statewide. As such, OSA has established minimum requirements to provide in-home, access, and legal services statewide with the Operating Standards for Area Agencies on Aging, C-9 Fiscal Management.

ACCESS SERVICES

Access services have strategic importance for Michigan. In addition to being a priority service category under the OAA, such services are crucial to success of our Choices for Independence initiatives. Michigan remains involved in the CLP demonstration program and began development of an ADRC partnership program in FY 2010. Each effort relies upon a participant centered, comprehensive and coordinated access service delivery system.

Operating Standard for Area Agencies on Aging, C-9, Fiscal Management, requires that a minimum of 10% of Title III-B funds allocated to a PSA must support the provision of access services for older adults. State funds allocated also support access services for older adults in addition to the 10% Title III-B requirement. OSA Operating Standards for Service Programs contain general requirements for all service programs. Requirement D.1. provides that each provider must be able to specify how they satisfy the service needs of low-income minority individuals in the area they serve. Each provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services. Each provider must meet the specific objectives established by the respective area agency for providing services to low-income minority individuals in numbers greater that their relative percentage to the total older population within the geographic service area.

Requirement D.3. provides that elderly members of American Indian tribes and organizations in greatest economic and/or social need within the program service area are to receive services comparable to those received by non-native older adults. Service providers within a geographic area in which a reservation is located must demonstrate a substantial emphasis on serving Native American elders from that area.

Access services are defined as:

Information and Assistance – Information and assistance programs that assist older adults in finding and working with appropriate human service providers to meet their needs.

Outreach – Agency and programmatic efforts to identify and contact isolated older adults and/or older adults in the greatest social and economic need who may have service needs, as well as, assist them in gaining access to appropriate services.

Care Management/Case Coordination and Support – The provision of a comprehensive assessment of persons aged 60 and over who are in need of a nursing facility level of care due to the presence of functional limitations with a complementing role of brokering existing community services and enhancing informal support systems.

Disaster Advocacy and Outreach Program – Activities undertaken to assist older adults after the President or Governor declares an event either as a “disaster” or a “state of emergency.”

Transportation – A centrally organized service for transportation of older adults to and from community facilities in order to receive support services, reduce isolation, and otherwise promote independent living.

OSA has determined that access services, including, outreach, information & assistance, and case management/case coordination and support services are directly related to AAA functions and may be provided directly by AAAs in Michigan. Regarding case management services, the following agencies are already providing case management services under the State program, and OSA specifies that such agencies be allowed to continue to provide case management services.

Detroit Area Agency on Aging
The Senior Alliance, Inc.
Region 3-A Area Agency on Aging
Branch/St. Joseph Area Agency on Aging
Valley Area Agency on Aging
Region VII Area Agency on Aging
Region IX Area Agency on Aging
UP Area Agency on Aging
Area Agency on Aging 1-B
Region 2 Area Agency on Aging
Region 3-B Area Agency on Aging
Region IV Area Agency on Aging
Tri-County Office on Aging
Area Agency on Aging of Western MI
Area Agency on Aging of Northwest MI
Senior Resources

In collaboration with area agency and service provider partners of OSA's CLP demonstration programs, new and revised access service definitions are being developed that will integrate PCP/PCT and self-direction into service delivery systems under area plans and support the effort underway to develop a no wrong door, decentralized ADRC network. Revisions are being made to the General Requirements for Access Service Programs, Information and Assistance and Care Management/Case Coordination and Support service definitions. A new service definition is being developed for Community Living Consultation (CLC) that will allow for options counseling within local access service delivery systems.

These policy changes will help prepare the local aging network to address the emerging needs of the baby boomer generation, as its membership ages, through expanding opportunities for self-direction and greater use of private and personal resources.

IN-HOME SERVICES

In-home services provide the supports that allow older adults to remain in the community as they require assistance with activities of daily living. Typically, in-home services are provided to implement care plans developed through the participant centered access service delivery system.

Operating Standard for Area Agencies on Aging, C-9 Fiscal Management, requires that a minimum of 10% of Title III-B funds allocated to a PSA must support the provision of in-home services for older adults. OSA Operating Standards for Service Programs contain general requirements for all service programs. Requirement D.1. provides that each provider must be able to specify how they satisfy the service needs of low-income minority individuals in the area they serve. Each provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services. Each provider must meet specific objectives established by the respective area agency for providing services to low-income minority individuals in numbers greater that their relative percentage to the total elderly population within the geographic service area.

Requirement D.3. provides that elderly members of American Indian tribes and organizations in greatest economic and/or social needs within the program service area are to receive services comparable to those received by non-native older adults. Service providers within a geographic area in which a reservation is located must demonstrate a substantial emphasis on serving Native American elders from that area.

The Operating Standards for Service Programs define the following services as in-home and establish minimum standards for provision:

Chore – Non-continuous household maintenance tasks intended to increase the safety of the individual(s) living at the residence.

Home Care Assistance – Provision of in-home assistance with activities of daily living and routine household tasks to maintain an adequate living environment for older adults with functional limitations. Home care assistance does not include skilled nursing services.

Home Injury Control – Providing adaptations to the home environment of an older adult in order to prevent or minimize the occurrence of injuries. Home injury control does not include any structural or restorative home repair, chore or homemaker activities.

Homemaking – Performance of routine household tasks to maintain an adequate living environment for older individuals with functional limitations. Homemaking does not include the provision of chore or personal care tasks.

Home Delivered Meals – The provision of nutritious meals to homebound older adults.

Home Health Aide – Performance of health-oriented services prescribed for an individual by a physician which may include: assistance with activities of daily living, assisting with a prescribed exercise regimen, supervising the individual's adherence to prescribed medication and/or special diets, changing non-sterile dressing, taking blood pressure, and other health monitoring activities.

Medication Management – Direct assistance to care management clients in managing the use of both prescription and over-the-counter medication.

Personal Care – Provision of in-home assistance with activities of daily living for an individual, including assistance with bathing, dressing, grooming, toileting, transferring, eating, and ambulation.

Personal Emergency Response System – A service system utilizing electronic devices designed to monitor client safety and provide access to emergency crisis intervention for medical or environmental emergencies through the provision of a communication connection system.

Respite Care – Provision of companionship, supervision and/or assistance with activities of daily living for persons with mental or physical disabilities and frail older adults in the absence of the primary caregiver(s). Respite care may be provided at locations other than the client's residence.

Friendly Reassurance – Making regular contact, through either telephone or in-home visits, with homebound older adults to assure their well-being and safety, and to provide companionship and social interaction.

Regional-specific in-home service definitions may be included if submitted in writing and approved by OSA and the CSA as part of the AIP process for definitions that deviates from OSA Service Standards.

In collaboration with area agency and service provider partners of OSA's CLP demonstration programs, new service definitions are being developed that will integrate person-centered planning and self-direction into service delivery systems under area plans. An in-home service definition for Community Living Supports (CLS) is being developed specifically to promote consumer self-direction.

LEGAL SERVICES

Operating Standard for Area Agencies on Aging, C-9, Fiscal Management, requires that a minimum of 5% of Title III-B funds allocated to a PSA must support the provision of legal assistance services for older adults. Legal assistance is defined as the provision of legal advice and representation by an attorney (including counseling and other appropriate assistance by a paralegal or law student under the provision of an attorney), and counseling or representation by a non-lawyer where permitted by law. Funds for these activities are protected through the OSA maintenance of effort policy and practice. Expenditures are monitored annually through the area plan budget review process.

PROFILE OF MICHIGAN'S OLDER ADULTS

Source: 2000 Census (most recent statistics available)

POPULATION GROWTH

The population of individuals aged 60 and over consists of 1,596,162 people, or 16.1% of the total state population. The number of individuals within this age group has grown by 6% between 1990 and 2000. There are 142,460 persons aged 85 and older. This age bracket has grown by 33% in the past ten years, and as of 2000 represents nearly 9% of individuals over the age of 60.

In the year 2025, there will be an estimated 1.8 million older adults in Michigan aged 60 and older. The elderly population will exceed 18% of the total population, equaling nearly one in five persons. The 65 and over population is expected to grow by nearly 71% between 2000 and 2030.

GEOGRAPHIC DIFFERENCES

All but ten of the 83 counties in Michigan had a minimum increase of 20% in the 85 years of age and older segment of the population between 1990 and 2000. Counties such as Roscommon, in the northern Lower Peninsula, and Keweenaw and Ontonagon in the Upper Peninsula, had between and 82% and 94% increase in individuals aged 85 and over in this ten year period. Leelanau, Benzie, and Otsego Counties in the northern Lower Peninsula experienced significant growth in the 60 and over population, with increases of 42%, 32% and 29% respectively, between 1990 and 2000. Similarly, a 39% increase in the aged 60 and over is found in Livingston County. Livingston County, however, has the lowest percentage of people aged 85 and over at .8%. Washtenaw County, also in southeast Michigan, is home to the state's smallest population of individuals aged 60 and over at 11%. Region 1-A serving the City of Detroit, the Grosse Pointes, Hamtramck, Harper Woods and Highland Park experienced the most significant decline in the aged 60 and older population by 22.8%; the aged 85 and older population also declined by 9.7%.

RURALITY

A total of 427,733 of Michigan's 60 and over population reside in a rural area according to the 2000 U.S. Census. This equates to 27% of the 60 and over population in the state.

GENDER

The majority of Michigan's population aged 60 and older is female. The 2000 U.S. Census reflects 914,235 or 57.3% females and 681,927 or 42.7% males, equating to 75 males for every 100 females aged 60 and older.

MINORITY GROUPS

Over 12% of the state's population aged 60 and over identified as a minority in the 2000 Census. African Americans represent the largest minority group at 10% of the state's population aged 60 and over. The second largest minority population is comprised of Asians, which represents .8% of the 60 and over population. American Indians and Alaska Natives comprise .3% of the state's older population, while .8% identified as being two or more races. Nearly 1.2% of Michigan's older population identified themselves as Hispanic or Latino. Region 1-A AAA in southeast Michigan has the largest percentage, or 72% of people over age 60, who identify as a minority. Counties in the Upper Peninsula and northern Lower Peninsula generally have low percentages of minority older adults aged 60 and over.

POVERTY STATUS

The 2000 Census suggests that nearly 8% of individuals aged 65 and over in Michigan fall within poverty status; 9% of those aged 75 and over fall within this range. Older adults aged 65 and over living in poverty are concentrated in southeast Michigan (16.8%) where the majority of older adults reside, as well as in the rural Upper Peninsula (10%) that has a small percentage of the state's aging population. This should not diminish the high percentage of poverty found in other counties throughout the state; more than 10% of individuals aged 75 and over in 34 of Michigan's 83 counties have income below the federal poverty level. Women aged 65 and older are more than twice as likely to live in poverty as their male counterparts.

DISABILITY STATUS

Approximately 42% of the state's population aged 65 and over reported having a disability in the 2000 U.S. Census. A slightly higher percentage of women reported a disability (43%) as compared to males (40%). Nearly 29% reported a physical disability (e.g., walking, climbing stairs, lifting), 20% reported a "go-outside-of-home" disability (e.g., going outside the home to shop or visit a doctor's office, etc.), and 14% reported a sensory disability (blindness, deafness, or hearing or vision impairment). Other disabilities include mental disabilities (10%) and self care disabilities (9%). Nearly one-quarter of those aged 65 and over reported having two or more disabilities.

EDUCATION

Two-thirds of Michigan adults aged 65 and over were high school graduates in 2000. This percentage was nearly identical for males and females. A smaller percentage (15%) of those aged 65 and over reported having a bachelor's degree or higher. Nearly 21% of males have a bachelor's degree or higher compared to 11% of females.

EMPLOYMENT

Nearly 18% of adults aged 60 and over are employed. A greater percentage of males in this age group are employed (23%) compared to females (13%). The percentage of employed older adults drops from a high of 40% for those aged 60-64 to 16% for those 65-74. Approximately 5% of Michigan adults aged 75 and over are employed.

VETERAN STATUS

Approximately one-quarter (24%) of Michigan's 1 million veterans were aged 65 and over.

HOUSEHOLDS

Sixty-three percent of individuals aged 65 and over live in family households. The next largest, yet notably smaller (29%), category is individuals aged 65 and over who live alone. Some 3.8% or 46,025 of individuals above the age of 65 live in nursing homes, a figure lower than the national average of 4.2%.

CAREGIVING

National statistics suggest nearly one out of every four households is involved in providing care to a person aged 50 and older. If true, there are approximately 946,415 households in Michigan providing 1,027 billion hours of unpaid care annually to ill and disabled adults with an approximate economic value of over $9 billion per year. A total of 70,044 grandparents live in households where they are responsible for the care of their grandchildren.

DIRECT SERVICE WAIVER AND GRIEVANCE PROCEDURES

Direct Service Waivers

The comprehensive and coordinated service delivery systems established to implement activities under area plans rely upon an extensive network of local service provider organizations. However, OSA acknowledges the inherent role of AAAs to provide access services throughout the PSA and addresses this circumstance in the Access Services section of the plan.

It is anticipated that implementation of the area plan will be primarily accomplished through contracts with service provider organizations. AAAs are only permitted to directly provide in-home and community-based services when OSA determines it is necessary to assure an adequate supply of such services, where such services are directly related to an AAA function, or where services can be provided more economically. An AAA must meet established criteria and request a waiver to directly provide an in-home or community-based service as a component of the MYP. The plan must contain adequate justification for the request, including a written narrative and specific budget details. The CSA must approve each situation of direct provision of service.

We anticipate that revisions to the Operating Standards for Area Agencies on Aging, C-1 AAA Mission, will be implemented to strengthen the criteria an area agency must meet to justify a direct service waiver request. New criteria include a formal request for proposal process in order to demonstrate that no service provider organization is capable, available, or willing to provide a needed service. Coordination may be enhanced by new criteria that provide for review committee members without conflict of interest and having specific knowledge of the subject service category.

Grievances

OSA affords an opportunity for a public hearing upon request, in accordance with published procedures, to an AAA submitting a plan under this Title, to any provider of (or applicant to provide) services; issues guidelines applicable to grievance procedures required by Section 306(a)(10); and affords an opportunity for a public hearing, upon request, by a AAA, a provider of (or applicant to provide) services, or by any recipient of services under this Title III regarding any waiver request, including those under Section 316.

OSA will grant a hearing to an AAA when the area plan/amendment is disapproved or when the AAA designation is withdrawn, and to any applicant who has been denied designation as a PSA. OSA will grant a hearing to any service provider whose application is denied or whose sub-grant or contract is terminated or not renewed. AAAs also require all contractors to have a grievance procedure in place to address complaints from individual recipients of services under the contract. A process is also in place to address waiver requests under Section 316 to promote innovation in service delivery. An AAA may submit, in writing, a regional-specific service definition that deviates from OSA Service Standards.

Monitoring of area plan implementation is accomplished through review and evaluation of NAPIS data, conduct of one formal program outcome assessment and one formal compliance assessment by OSA field staff each fiscal year, and regular on-site monitoring of AAA governing board.

OFFICE OF SERVICES TO THE AGING
AREA AGENCY SERVICE ALLOTMENTS
FOR THE PERIOD 10/1/2010-9/30/2011

ESTIMATED WORKSHEET

Area Agency	Intra-State Formula	Geographic Base	Supportive Services	Congregate Meals	Home Del'd Meals	Caregiver Support (III/E)	Preventive Health	Eld Abuse Prevention	St-Access Services	St-In Home Services	St-Cong Meals	St-Home Del'd Meals	St-Alt Care	St-Respite Care	Merit Award (TRC)	St-Nurse Hm Ombs	St-NHO Formula
1A	0.1245	0.0027	1,121,533	1,356,905	683,695	477,852	80,063	18,558	81,378	268,143	25,796	934,360	317,167	107,023	420,158	52,855	0.1207
1B	0.2473	0.0690	2,274,151	2,751,216	1,386,339	968,948	162,344	37,630	165,012	543,718	52,306	1,894,618	643,125	191,320	851,962	73,035	0.1716
1C	0.1018	0.0081	921,341	1,114,617	561,656	392,556	65,772	15,245	66,853	220,280	21,191	767,578	260,553	92,382	345,160	38,661	0.0849
02	0.0309	0.0362	304,262	368,089	185,480	129,637	21,720	5,035	22,077	72,745	6,998	253,484	86,045	47,252	113,985	18,480	0.0340
3A	0.0212	0.0099	197,859	239,365	120,616	84,302	14,125	3,274	14,357	47,305	4,551	164,838	55,954	39,470	74,124	9,001	0.0185
3B	0.0210	0.0223	205,102	248,127	125,031	87,388	14,642	3,394	14,882	49,037	4,717	170,872	58,002	40,000	76,837	12,332	0.0269
3C	0.0114	0.0178	115,493	139,720	70,405	49,208	8,245	1,911	8,380	27,613	2,656	96,218	32,661	33,447	43,267	8,883	0.0182
04	0.0334	0.0296	321,931	389,465	196,251	137,165	22,982	5,327	23,359	76,969	7,405	268,204	91,041	48,544	120,604	18,004	0.0328
05	0.0564	0.0323	530,727	642,061	323,535	226,127	37,887	8,782	38,510	126,889	12,207	442,154	150,088	63,815	198,825	22,405	0.0439
06	0.0358	0.0301	343,877	416,015	209,630	146,516	24,548	5,690	24,952	82,216	7,909	286,488	97,248	50,149	128,826	18,678	0.0345
07	0.0791	0.1162	796,029	963,018	485,265	339,164	56,826	13,172	57,760	190,319	18,309	663,180	225,115	83,218	298,215	40,524	0.0896
08	0.0857	0.1057	847,724	1,025,557	516,779	361,190	60,516	14,027	61,511	202,679	19,498	706,247	239,735	86,998	317,582	42,110	0.0936
09	0.0366	0.1199	416,546	503,929	253,930	177,478	29,736	6,893	30,225	99,590	9,581	347,029	117,798	55,464	156,050	24,863	0.0501
10	0.0334	0.0831	360,939	436,656	220,031	153,785	25,766	5,972	26,190	86,295	8,302	300,702	102,073	51,397	135,218	22,088	0.0431
11	0.0422	0.2887	589,980	713,744	359,656	251,373	42,117	9,762	42,809	141,056	13,570	491,518	166,845	68,148	221,023	42,546	0.0947
14	0.0393	0.0284	374,112	452,592	228,061	159,398	26,707	6,190	27,146	89,445	8,605	311,676	105,798	52,361	140,153	22,009	0.0429
TOTALS	1.0000	1.0000	9,721,605	11,760,978	5,926,360	4,142,087	693,994	160,862	705,400	2,324,300	223,600	8,099,166	2,749,249	1,110,989	3,641,990	466,475	1.0000
FY-2010 Allotments			11,527,993	13,799,357	6,953,499	4,859,982	693,994	160,862	705,400	2,324,300	223,600	8,563,400	2,907,500	1,110,989	3,641,990	478,000	
Less:																	
State Admin			587,170	702,860	354,171	247,540	0	0	0	0	0	0	0	0	0	0	
AAA Admin			1,103,938	1,335,519	672,968	470,355	0	0	0	0	0	464,234	158,251	0	0	0	
LTC Ombs			115,280	0	0	0	0	0	0	0	0	0	0	0	0	11,525	
Demonstration Project			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sub-total			9,721,605	11,760,978	5,926,360	4,142,087	693,994	160,862	705,400	2,324,300	223,600	8,099,166	2,749,249	1,110,989	3,641,990	466,475	
7.5% Geo. Base			729,120	882,073	444,477	310,657	52,050	12,065	52,905	174,323	16,770	607,437	206,194	53,324	273,149	0	
Other Bases			0	0	0	0	0	0	0	0	0	0	0	400,000	0	70,000	
Balance for formula			8,992,485	10,878,905	5,481,883	3,831,430	641,944	148,797	652,495	2,149,978	206,830	7,491,729	2,543,055	657,665	3,368,841	396,475	
FY-2010 Allotment Balances			0	0	0	0	0	0	0	0	0	0	0	0	0	0	

NOTES:
(1) All service allotments, except St-OMB, are determined in accordance with the Intra-state Funding Formula.
St-OMB service allotments are determined in accordance with the LTC Formula using a $5,000 base.
(2) For St-Respite Care funds, each AAA shall receive a minimum of $25,000, or a proportionate part of that amount if sufficient money is not available with all remaining money, if any, distributed according to the Intra-state funding formula.
(3) Tobacco Respite Care funds, each selected waiver agencies gets $100,000 except Macomb-Oakland will get $100,000+$25,000=$125,000 and rest of the balance will be distributed to each AAA based on formula.